

# Message to the Community











We are pleased to present the 2018 Community Health Assessment. This report includes data reflecting the health status of Audrain and Montgomery Counties.

This study was conducted from March through October 2018, to identify health issues of primary concern and to provide critical information to those in a position to make an impact on the health of our region including entities such as local governments, social service agencies, businesses, healthcare providers and consumers. The results enable all of us to more strategically establish priorities, develop interventions and commit resources to improve the health of our communities and the region.

Health is — and must be — an issue of concern and action for all of us. We hope the information in this study will encourage collaboration involving all agencies across county lines, between usual competitors and among funders to address the complex health needs of our communities.

This 2018 report identifies the following priorities for improving the health of residents in the report area of Audrain and Montgomery counties and asks communities to work together to address the following issues that most influence health and well-being in our communities. They are listed below in alphabetical order and will be further explained in this report.

- Access to Health Care
- Chronic Disease & Health Risks Prevention
- Health Behaviors: Overweight/Obesity, Physical Inactivity, Smoking
- Health Literacy
- Mental Health Disorders and Substance Abuse

This community health needs assessment is the first endeavor of the Audrain-Montgomery Community Health Assessment Partnership (AMCHAP). With reliable information as a foundation, AMCHAP can continue to work collaboratively to develop plans and resources to meet the community's needs.

The Community Health Needs Assessment is intended to be a tool in identifying and reaching collaborative goals.

# MEXICO AREA FAMILY YMCA Mexico, Missouri









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# **About Us**

The Audrain-Montgomery Community Health Assessment Partnership (AMCHAP) pulled together on a mission to improve the health of residents in the two counties of Audrain and Montgomery. The partnership worked collaboratively to collect and analyze health data and gather input from community members and those representing the board interest of the community to aid in assessing and prioritizing needs.

This unique partnership of health care and social services providers is sponsored by SSM Health St. Mary's Hospital - Audrain, and includes ten additional partners: the Arthur Center Community Health, the Public Health Departments of Audrain County and Montgomery County, Audrain County Commission, United Way of Audrain County, Mexico Area Chamber of Commerce, Mexico Parks and Recreation, Mexico Area YMCA, the Missouri Veterans Home and the City of Vandalia.

# **OUR COMMUNITY**

In this region, it is common for individuals and organizations to take the initiative to help others in the community. The collective response reflects the culture of a community that partners with public, private and faith based organizations to meet needs.

The AMCHAP conducted its first comprehensive community health assessment using both secondary and primary analysis, which allowed us to measure perception, health risks, health factors, health outcomes and characteristics specific to the communities in these two mid-Missouri counties.



Data collected by various organizations, such as the U.S. Census, Centers for Disease Control and Prevention, Robert Wood Johnson Foundation, Community Commons, Missouri Hospital Association, and the Missouri Department of Health and Human Services were vital to this assessment. Valuable input from community members added depth and quality to the data.

This was the first comprehensive regional health assessment completed in this collaborative fashion by the AMCHAP. The objectives were to identify factors influencing health status, determine and prioritize issues of greatest concern, identify unmet health needs and produce a source of reliable information that will support the development of possible solutions.

A special caution: The data included in this report should not be cited or used out of the context of this report. It is not always valid to draw conclusions by linking data to show cause and effect. For example, the tendency to smoke is not caused by one's income status, even though low-income and tobacco use is frequently correlated. Instead, the only appropriate use for this information is as evidence of how resources might be most effectively used or coordinated to improve the health and well-being of our community.

# Acknowledgments

The Audrain-Montgomery Community Health Needs Assessment Partnership consists of the following organizations and their representatives, who formed the Steering Team and contributed much time and effort to this project:

# Sponsor:

❖ SSM Health St. Mary's – Audrain <u>www.ssmhealth.com</u>

o Joshua Allee

Donna Jacobs

Jenea Smith

o Beverly Stafford

Heather Williams

Partners:

❖ Arthur Center Community Health <a href="www.arthurcenter.com">www.arthurcenter.com</a>

o Terry Mackey

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❖ Audrain County Commission <a href="www.audraincounty.org">www.audraincounty.org</a>

Alan Winders

❖ Audrain County Health Department <u>www.audraincountyhealth.org</u>

Sandra Hewlett

❖ City of Vandalia www.vandaliamo.net

o Darren Berry

❖ Mexico Area Chamber of Commerce <u>www.mexico-chamber.org</u>

o Dana Keller

United Way of Audrain County
<u>www.unitedwayofaudrainco.org</u>

Josh Hanley

❖ Mexico Area YMCA www.mexicoymca.org

Lori BrandowKaylee Paffrath

❖ Mexico Veterans Home www.mvc.dps.mo.gov

o Brenda Ezell

❖ Mexico Parks & Recreation www.mexicomissouri.net

Chad Shoemaker

o Brooke Jameson

❖ Montgomery County Health Departmentwww.montgomerycountyhealth.org

Linda Harman

o Robin OverKamp

In addition, special thanks is owed to individuals, organizations and community leaders who helped organize discussion groups, hosted meetings and provided their candid opinions.

# Methods of Analysis

This needs assessment was conducted using three methods: secondary data analysis, discussions with community groups and providers, and surveys completed by community members, community leaders and local health and human service providers.

# **Secondary Data Analysis**

Existing data previously collected for other purposes, called secondary data, was used from a variety of credible public local, state and federal sources to provide a context for analysis and interpretation. Data is key to diagnosing and addressing some of our region's most pressing health issues, and by analyzing the information available to the public, furthers our missions to improve health and the well-being of our communities. The availability of new datasets enabled a more detailed level of analysis such as health and social factors at a county and zip code level. The secondary sources and links to the online datasets are also listed in Appendix A.

Community Commons <a href="https://www.communitycommons.org">https://www.communitycommons.org</a> is an on-line assessment tool where data, interactive tools, and collaborations can be connected. Community Commons provides public access to thousands of meaningful data layers that allow mapping and reporting capabilities so anyone can explore community health. The ability to see your selected area's demographics and performance on a core set of community indicators linked to evidence-informed interventions. The default is to the "core outcome and action indicators framework" associated with The County Health Rankings/Roadmaps to Health, The Community Guide, Healthy People 2020, and other widely used sources of indicators and evidence-informed program activities. CHNA indicator sets can be drawn from the following sources:

- Centers for Disease Control and Prevention (CDC)
- Catholic Health Association
- County Health Rankings www.countyhealthrankings.org
- Kaiser Permanente
- Healthy People 2020
- Health Resources and Services Administration
- National Quality Forum

**ExploreMOHealth** <a href="https://exploremohealth.org">https://exploremohealth.org</a> was created in partnership between Missouri Foundation for Health and the MHA Health Institute, the not-for-profit corporation affiliated with the Missouri Hospital Association. By combining their resources they have created a unique health-related dataset that provides Zip Code level analysis and arranges the data to include which health and social factors should be prioritized in each ZIP Code.

Priority MICA (Missouri Information for Community Assessment (MICA) <a href="https://webapp01.dhss.mo.gov/MOPHIMS/MICAHome">https://webapp01.dhss.mo.gov/MOPHIMS/MICAHome</a> Additionally, data was collected and analyzed utilizing the Priority MICA, which provided a structured process to determine the priority health needs of a community. The Priority MICA allows a user to prioritize from a list of diseases or risk factors available in the application. The diseases/risk factors were selected for inclusion in the application based upon the Department of Health and Senior Services (DHSS) strategic plan, Healthy People 2020 and available data. Funding agencies can use the Priority MICA to determine priority areas for funding in an area, or a community can use the Priority MICA as part of a community assessment process.

# **Community Input**

Community discussion groups, much like town hall meetings, were organized and facilitated by members of the AMCHAP Steering Team. Throughout this process, more than 85 individuals participated in discussion groups and consumer interview sessions:

- Mexico Schools Leader Session
- Montgomery County Community Session
- ❖ Montgomery County Health Department & Leader Session
- Montgomery County Community Session
- ❖ Arthur Center Community Health Center Session
- ❖ Mexico Chamber of Commerce and Community Leader Session
- Mexico YMCA Community Session

These discussions provided perspective on the health status of the community and enlightened the analysis of the secondary data relative to the most important health issues and challenges, key resources and advice on how to address the issues identified. The 50 most mentioned health issues and social determinants that rose from these discussion groups are listed in alphabetical order on page 57.

To stimulate discussion, the community discussion group agenda included the following questions:

- Describe your community, including general observations and rating of the perceived overall well-being and health status of your community on a scale of 1 to 5. (5=best)
- What are top issues and challenges that face your community?
- What local resources exist for addressing these issues and challenges?
- What advice do you have improve the health and well-being of your community?

During the input sessions, participants were also asked to review a listing of key indicators, factors and or determinants of health that had previously been identified to have some degree of variance in the report area. The list was derived from a Community Commons variance report. Each participant was asked to mark their top five concerns.

# **Community Perception Survey**

In addition to the review of demographics and secondary data, and the aforementioned discussion groups with key stakeholders and community representatives, a community perception survey was conducted to assess the perception of health care and health status across the two-county region in the analysis. The survey was made available on social media and internet sites, in physician offices, medical clinics and public health departments and various other locations, yielding a total of 751 responses from residents. The survey questions are listed in Appendix C. Analysis of the survey responses helped inform the secondary data and fueled the prioritization process.

# HEALTH STATUS of Our Community

# **DEMOGRAPHICS, SOCIO & ECONOMIC FACTORS**

The health assessment findings for the AMCHAP region are often shown here as combined data for the two counties and are presented as "Report Area." Data specific to counties, is also included in the tables.

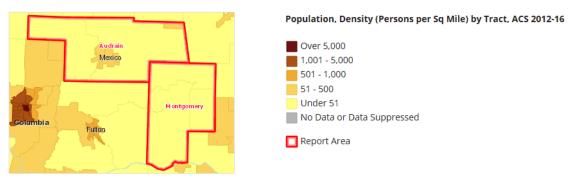
# **Total Population**

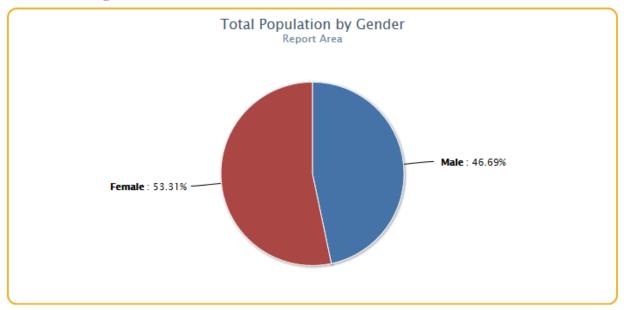
### **Total Population**

A total of 37,688 people live in the 1,227.28 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. The population density for this area, estimated at 30.71 persons per square mile, is less than the national average population density of 90.19 persons per square mile.

			Download Data
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Area	37,688	1,227.28	30.71
Audrain County, MO	25,868	692.23	37.37
Montgomery County, MO	11,820	535.05	22.09
Missouri	6,059,651	68,746.51	88.14
United States	318,558,162	3,532,068.58	90.19

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



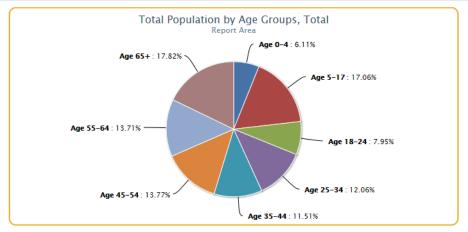


Download Data

# **Total Population by Age**

# Total Population by Age Groups, Total

								Download Data
Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Report Area	2,304	6,430	2,997	4,547	4,337	5,189	5,167	6,717
Audrain County, MO	1,597	4,416	2,196	3,310	3,067	3,500	3,418	4,364
Montgomery County, MO	707	2,014	801	1,237	1,270	1,689	1,749	2,353
Missouri	374,010	1,021,114	591,150	800,229	731,234	820,875	791,105	929,934
United States	19,866,960	53,745,478	31,296,577	43,397,907	40,548,400	43,460,466	40,061,742	46,180,632



# Total Population by Age Groups, Percent

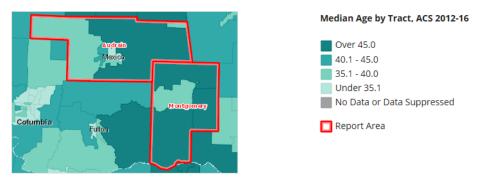
								Download Data
Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Report Area	6.11%	17.06%	7.95%	12.06%	11.51%	13.77%	13.71%	17.82%
Audrain County, MO	6.17%	17.07%	8.49%	12.8%	11.86%	13.53%	13.21%	16.87%
Montgomery County, MO	5.98%	17.04%	6.78%	10.47%	10.74%	14.29%	14.8%	19.91%
Missouri	6.17%	16.85%	9.76%	13.21%	12.07%	13.55%	13.06%	15.35%
United States	6.24%	16.87%	9.82%	13.62%	12.73%	13.64%	12.58%	14.5%

### Median Age

This indicator reports population median age based on the 5-year American Community Survey estimate.

		Download Data
Report Area	Total Population	Median Age
Report Area	37,688	no data
Audrain County, MO	25,868	40.1
Montgomery County, MO	11,820	44
Missouri	6,059,651	38.3
United States	318,558,162	37.7

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



# Population Age 65+

An estimated 17.82% of the population in the report area is age 65 or older according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. An estimated total of 6,717 older adults resided in the area during this time period. The number of persons age 65 or older is relevant because this population has unique health needs which should be considered separately from other age groups.

			Download Data
Report Area	Total Population	Population Age 65+	Percent Population Age 65+
Report Area	37,688	6,717	17.82%
Audrain County, MO	25,868	4,364	16.87%
Montgomery County, MO	11,820	2,353	19.91%
Missouri	6,059,651	929,934	15.35%
United States	318,558,162	46,180,632	14.5%

Data Source: US Census Bureau, <u>American Community Survey</u>. 2012-16. Source geography: Tract

# **Total Population by Race**

# **Total Population by Race Alone, Percent**

							Download Data
Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Area	91.24%	4.54%	0.26%	0.17%	0.03%	0.72%	3.03%
Audrain County, MO	89.1%	5.93%	0.26%	0.23%	0.02%	0.97%	3.49%
Montgomery County, MO	95.94%	1.51%	0.26%	0.04%	0.06%	0.19%	2.01%
Missouri	82.53%	11.58%	1.78%	0.42%	0.11%	1.13%	2.44%
United States	73.35%	12.63%	5.22%	0.82%	0.18%	4.75%	3.06%

Download Data

# **Population Change**

# Change in Total Population

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area fell by 224 persons, a change of -0.59%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

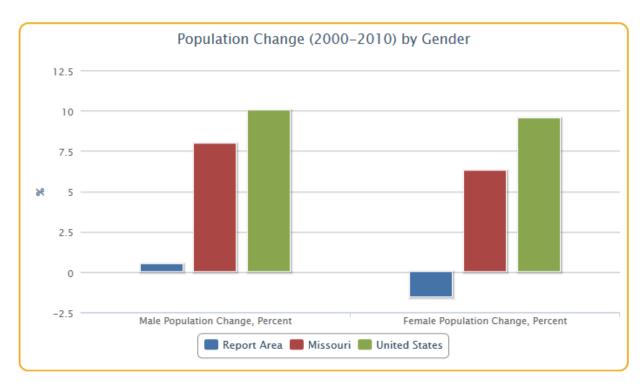
				Download Data
Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Report Area	37,989	37,765	-224	-0.59%
Audrain County, MO	25,853	25,529	-324	-1.25%
Montgomery County, MO	12,136	12,236	100	0.82%
Missouri	5,591,987	5,988,927	396,940	7.1%
United States	280,405,781	307,745,539	27,339,758	9.75%

Report Area

Data Source: US Census Bureau, <u>Decennial Census</u>. 2000 - 2010. Source geography: Tract



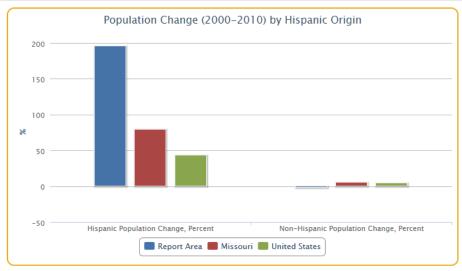
# Population Change, Percent by Tract, US Census 2000 - 2010 Over 10.0% Increase ( + ) 1.0 - 10.0% Increase ( + ) Less Than 1.0% Change ( +/- ) 1.0 - 10.0% Decrease ( - ) Over 10.0% Decrease ( - ) No Population or No Data



### Population Change (2000-2010) by Hispanic Origin

Download Data

Report Area	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Report Area	554	195.76%	-778	-2.06%
Audrain County, MO	476	251.85%	-800	-3.12%
Montgomery County, MO	78	82.98%	22	0.18%
Missouri	94,137	79.55%	302,803	5.53%
United States	15,152,943	42.93%	12,099,099	4.92%



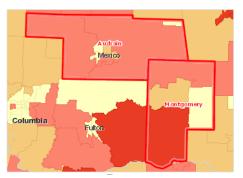
# **Veteran Population**

# Veteran Population

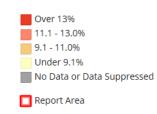
This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.

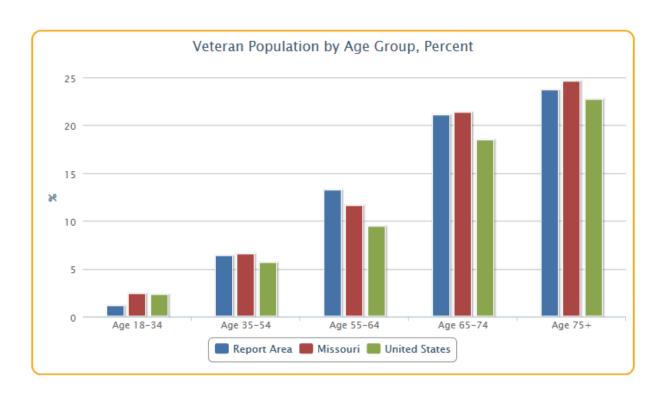
			Download Data
Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Report Area	28,925	2,869	9.92%
Audrain County, MO	19,832	1,837	9.26%
Montgomery County, MO	9,093	1,032	11.35%
Missouri	4,644,895	438,100	9.43%
United States	243,935,157	19,535,341	8.01%

Data Source: US Census Bureau, <u>American Community Survey</u>. 2012-16. Source geography: Tract



# Veterans, Percent of Total Population by Tract, ACS 2012-16



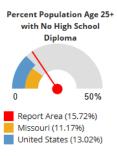


# **Education**

# Population with No High School Diploma

Within the report area there are 4,081 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 15.72% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

			Download Data
Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
Report Area	25,957	4,081	15.72%
Audrain County, MO	17,659	2,736	15.49%
Montgomery County, MO	8,298	1,345	16.21%
Missouri	4,073,377	454,882	11.17%
United States	213,649,147	27,818,380	13.02%



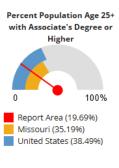
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

# Population with Associate's Level Degree or Higher

19.69% of the population aged 25 and older, or 5,112 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

			Download Data
Report Area	Total Population Age 25+	Population Age 25+ with Associate's Degree or Higher	Percent Population Age 25+ with Associate's Degree or Higher
Report Area	25,957	5,112	19.69%
Audrain County, MO	17,659	3,373	19.1%
Montgomery County, MO	8,298	1,739	20.96%
Missouri	4,073,377	1,433,231	35.19%
United States	213,649,147	82,237,511	38.49%



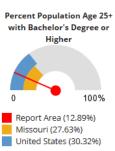
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

# Population with Bachelor's Degree or Higher

12.89% of the population aged 25 and older, or 3,345 have obtained an Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

		Download Data
Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Percent Population Age 25+ with Bachelor's Degree or Higher
25,957	3,345	12.89%
17,659	2,224	12.59%
8,298	1,121	13.51%
4,073,377	1,125,665	27.63%
213,649,147	64,767,787	30.32%
	25,957 17,659 8,298 4,073,377	Total Population Age 25+         Bachelor's Degree or Higher           25,957         3,345           17,659         2,224           8,298         1,121           4,073,377         1,125,665



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

# **Employment**

# **Unemployment Rate**

Total unemployment in the report area for the current month was 532, or 3.2% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

			Download Data
Labor Force	Number Employed	Number Unemployed	Unemployment Rate
16,400	15,868	532	3.2
10,738	10,400	338	3.1
5,662	5,468	194	3.4
3,112,524	3,003,584	108,940	3.5
164,383,283	157,469,839	6,913,444	4.2
	16,400 10,738 5,662 3,112,524	16,400 15,868 10,738 10,400 5,662 5,468 3,112,524 3,003,584	Labor Force         Number Employed         Unemployed           16,400         15,868         532           10,738         10,400         338           5,662         5,468         194           3,112,524         3,003,584         108,940



Note: This indicator is compared with the state average.

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - June. Source geography: County





Daniel and Date

# Income

# Income - Per Capita Income

The per capita income for the report area is \$20,196. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

			Download Data
Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Report Area	37,688	\$761,178,100	\$20,196
Audrain County, MO	25,868	\$509,396,600	\$19,692
Montgomery County, MO	11,820	\$251,781,500	\$21,301
Missouri	6,059,651	\$163,880,073,200	\$27,044
United States	318,558,162	\$9,502,305,741,900	\$29,829



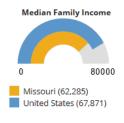
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

### Income - Median Family Income

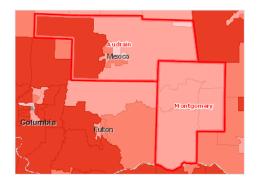
This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

			Download Data
Report Area	Total Family Households	Average Family Income	Median Family Income
Report Area	9,129	\$61,324	no data
Audrain County, MO	5,925	\$61,492	\$53,652
Montgomery County, MO	3,204	\$61,016	\$51,326
Missouri	1,529,363	\$80,299	\$62,285
United States	77,608,829	\$90,960	\$67,871



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



# Median Family Income by Tract, ACS 2012-16 Over \$65,000 \$55,001 - \$65,000 \$45,001 - \$55,000 Under \$45,001 No Data or Data Suppressed Report Area

### Income - Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

			Download Data
Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Report Area	14,131	321	2.27%
Audrain County, MO	9,255	134	1.45%
Montgomery County, MO	4,876	187	3.84%
Missouri	2,372,362	52,988	2.23%
United States	117,716,237	3,147,577	2.67%

Percent Households with Public Assistance Income

0 10%

Report Area (2.27%)

Missouri (2.23%)

United States (2.67%)

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, <u>American Community Survey</u>. 2012-16. Source geography: Tract

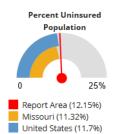
# **Insurance**

### Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

			Download Data
Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Report Area	35,520	4,315	12.15%
Audrain County, MO	24,034	3,093	12.87%
Montgomery County, MO	11,486	1,222	10.64%
Missouri	5,946,094	673,329	11.32%
United States	313,576,137	36,700,246	11.7%



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



### Uninsured Population, Percent by Tract, ACS 2012-16



# Insurance - Uninsured Adults

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

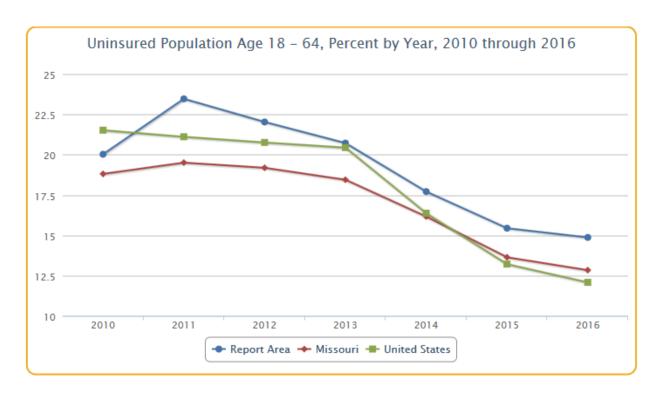
					Download Data
Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Area	20,180	17,179	85.13%	3,001	14.87%
Audrain County, MO	13,704	11,735	85.63%	1,969	14.37%
Montgomery County, MO	6,476	5,444	84.06%	1,032	15.94%
Missouri	3,615,438	3,151,069	87.16%	464,369	12.84%
United States	194,808,251	171,274,851	87.92%	23,533,400	12.08%

Percent Population Age 1864 Without Medical
Insurance
0 50%

Report Area (14.87%)
Missouri (12.84%)
United States (12.08%)

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County



### Insurance - Uninsured Children

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

					Download Data
Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Area	8,668	8,117	93.64%	551	6.36%
Audrain County, MO	6,058	5,672	93.63%	386	6.37%
Montgomery County, MO	2,610	2,445	93.68%	165	6.32%
Missouri	1,424,500	1,355,500	95.16%	69,000	4.84%
United States	76,219,054	72,659,457	95.33%	3,559,597	4.67%

Percent Population Under
Age 19 Without Medical
Insurance

0 50%

Report Area (6.36%)
Missouri (4.84%)
United States (4.67%)

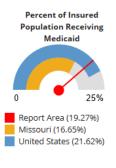
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, <u>Small Area Health Insurance Estimates</u>. 2016. Source geography: County

### Insurance - Population Receiving Medicaid

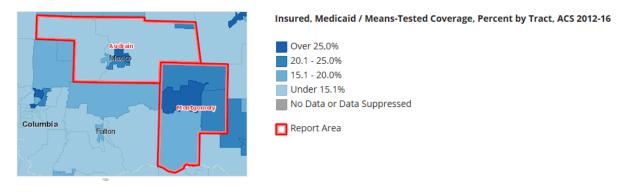
This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

				Download Data
Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Area	35,520	31,205	6,013	19.27%
Audrain County, MO	24,034	20,941	3,674	17.54%
Montgomery County, MO	11,486	10,264	2,339	22.79%
Missouri	5,946,094	5,272,765	877,803	16.65%
United States	313,576,137	276,875,891	59,874,221	21.62%



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, <u>American Community Survey</u>. 2012-16. Source geography: Tract



# **Poverty**

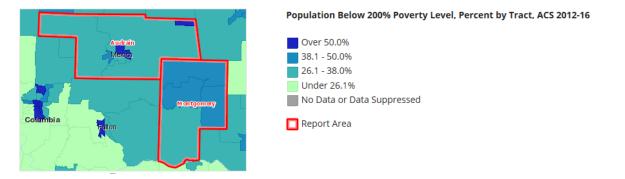
### Poverty - Population Below 200% FPL

In the report area 40.64% or 14,265 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

			Download Data
Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Report Area	35,104	14,265	40.64%
Audrain County, MO	23,709	9,398	39.64%
Montgomery County, MO	11,395	4,867	42.71%
Missouri	5,876,366	2,033,050	34.6%
United States	310,629,645	104,390,198	33.61%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



# Poverty - Children Below 200% FPL

In the report area 54.01% or 4,462 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health

			Download Data
Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Report Area	8,261	4,462	54.01%
Audrain County, MO	5,647	2,936	51.99%
Montgomery County, MO	2,614	1,526	58.38%
Missouri	1,364,095	597,599	43.81%
United States	72,456,096	31,364,270	43.29%

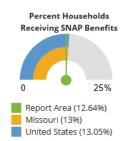
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

### Population Receiving SNAP Benefits (ACS)

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrolment.

			Download Data
Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Report Area	14,131	1,786	12.64%
Audrain County, MO	9,255	1,077	11.64%
Montgomery County, MO	4,876	709	14.54%
Missouri	2,372,362	308,375	13%
United States	117,716,237	15,360,951	13.05%



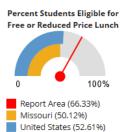
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

### Children Eligible for Free/Reduced Price Lunch

Within the report area 3,296 public school students or 66.33% are eligible for Free/Reduced Price lunch out of 4,969 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

			Download Data
Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	4,969	3,296	66.33%
Audrain County, MO	3,299	2,292	69.48%
Montgomery County, MO	1,670	1,004	60.12%
Missouri	918,254	460,004	50.12%
United States	50,611,787	25,893,504	52.61%



Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source geography: Address

# **Infant Mortality**

# **Infant Mortality**

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

			Download Data
Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Report Area	2,685	17	6.3
Audrain County, MO	1,950	9	4.6
Montgomery County, MO	735	8	10.7
Missouri	399,460	2,876	7.2
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

Infant Mortality Rate (Per 1,000 Births)

0 10

Report Area (6.3)

Missouri (7.2)

United States (6.5)

Note: This indicator is compared with the state average.

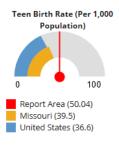
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, <u>Area Health Resource File</u>. 2006-10. Source geography: County

# **Teen Births**

### Teen Births

This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

			Download Data
Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Report Area	1,219	61	50.04
Audrain County, MO	845	42	49.6
Montgomery County, MO	374	19	50.4
Missouri	206,847	8,170	39.5
United States	10,736,677	392,962	36.6



Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, <u>Health Indicators Warehouse</u>, Centers for Disease Control and Prevention, <u>National Vital Statistics System</u>. Accessed via <u>CDC WONDER</u>, 2006-12. Source geography: County

# **RISK FACTORS & HEALTH BEHAVIORS**

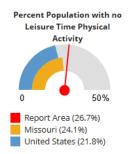
Risk Factors and Health Behaviors is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, these indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

# **Physical Inactivity**

### **Physical Inactivity**

Within the report area, 7,918 or 26.7% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

			Download Data
Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Area	28,004	7,918	26.7%
Audrain County, MO	19,058	5,279	26.4%
Montgomery County, MO	8,946	2,639	27.2%
Missouri	4,486,311	1,120,890	24.1%
United States	234,207,619	52,147,893	21.8%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

2013. Source geography: County

# Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

			Download Data
Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Area	37,765	2	5.3
Audrain County, MO	25,529	1	3.92
Montgomery County, MO	12,236	1	8.17
Missouri	5,988,927	594	9.92
United States	308,745,538	33,980	11.01

Recreation and Fitness
Facilities, Rate
(Per 100,000 Population)

50

Report Area (5.3)
Missouri (9.92)
United States (11.01)

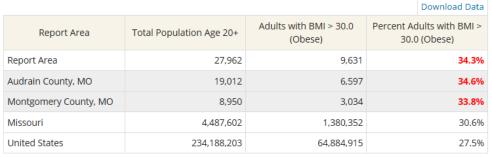
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA

# Obesity

# Obesity

34.3% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

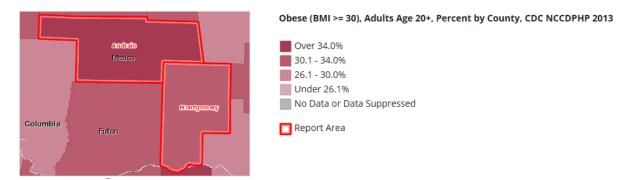


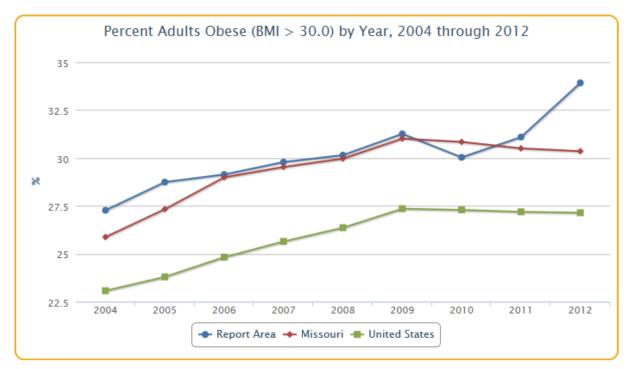


Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

2013. Source geography: County





# **Healthy Diet**

Proper nutrition and physical activity are important to achieve and maintain a healthy weight for good overall health. Nearly 80% of Missourians lack a proper diet, and about one in four reports no physical activity. These rates are generally mirrored in the report area. In addition, high blood pressure and high cholesterol are two top risk factors for heart disease and are directly affected by both diet and activity.

# **High Blood Pressure**

### High Blood Pressure (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

			Download Data
Report Area	Total Medicare Fee-for- Service Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Report Area	6,170	3,540	57.4%
Audrain County, MO	3,923	2,318	59.09%
Montgomery County, MO	2,247	1,222	54.38%
Missouri	767,306	419,133	54.62%
United States	34,118,227	18,761,681	54.99%

Percentage of Medicare
Beneficiaries with High
Blood Pressure
0 60%

Report Area (57.4%)
Missouri (54.62%)
United States (54.99%)

Note: This indicator is compared with the state average.

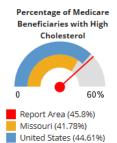
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County

# **High Cholesterol**

### High Cholesterol (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.

			Download Data
Report Area	Total Medicare Fee-for- Service Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Report Area	6,170	2,827	45.8%
Audrain County, MO	3,923	1,895	48.3%
Montgomery County, MO	2,247	932	41.48%
Missouri	767,306	320,577	41.78%
United States	34,118,227	15,219,766	44.61%



Note: This indicator is compared with the state average.

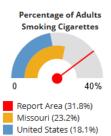
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County

# **Tobacco Use**

# Tobacco Usage - Current Smokers

In the report area an estimated 8,206, or 28.7% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

				Download Data
Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Report Area	28,585	8,206	28.7%	31.8%
Audrain County, MO	19,234	5,578	29%	31.3%
Montgomery County, MO	9,351	2,628	28.1%	32.9%
Missouri	4,532,155	1,024,267	22.6%	23.2%
United States	232,556,016	41,491,223	17.8%	18.1%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor Surveillance System</u>. Accessed via the <u>Health Indicators Warehouse</u>, US Department of Health & Human Services, <u>Health Indicators Warehouse</u>, 2006-12. Source geography: County

# **Alcohol Consumption**

### **Alcohol Consumption**

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Report Area	28,585	4,916	17.2%	19.5%
Audrain County, MO	19,234	2,943	15.3%	14.8%
Montgomery County, MO	9,351	1,973	21.1%	29.2%
Missouri	4,532,155	770,466	17%	17.9%
United States	232,556,016	38,248,349	16.4%	16.9%

Estimated Adults Drinking
Excessively
(Age-Adjusted Percentage)

0 50%

Report Area (19.5%)
Missouri (17.9%)
United States (16.9%)

Download Data

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor Surveillance System</u>, Accessed via the <u>Health Indicators Warehouse</u>, US Department of Health & Human Services, <u>Health Indicators Warehouse</u>, 2006-12. Source geography: County

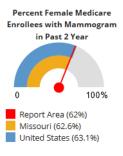
# **PREVENTATIVE CARE**

# **Mammogram – Female Preventative Care (Medicare Enrollee Only)**

# Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

				Download Data
Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Report Area	4,842	376	233	62%
Audrain County, MO	3,224	246	162	65.9%
Montgomery County, MO	1,618	130	71	54.6%
Missouri	581,575	52,310	32,760	62.6%
United States	26,753,396	2,395,946	1,510,847	63.1%



Note: This indicator is compared with the state average.

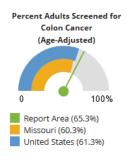
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, <u>Dartmouth Atlas of Health Care</u>, 2014. Source geography: County

# **Colon Cancer – Male & Female Preventative Screening**

### Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

				Download Data
Report Area	Total Population Age 50+	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Report Area	10,913	4,424	62.5%	65.3%
Audrain County, MO	7,079	4,424	62.5%	65.3%
Montgomery County, MO	3,834	no data	suppressed	suppressed
Missouri	1,532,083	972,873	63.5%	60.3%
United States	75,116,406	48,549,269	64.6%	61.3%



Note: This indicator is compared with the state average.

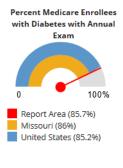
Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor Surveillance System</u>. Accessed via the <u>Health Indicators Warehouse</u>, US Department of Health & Human Services, <u>Health Indicators Warehouse</u>, 2006-12. Source geography: County

# **Diabetes Management – Medicare Enrollee Annual Exam**

# <u>Diabetes Management - Hemoglobin A1c Test</u>

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 514 Medicare enrollees with diabetes have had an annual exam out of 600 Medicare enrollees in the report area with diabetes, or 85.7%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

				Download Data
Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Report Area	4,842	600	514	85.7%
Audrain County, MO	3,224	383	331	86.4%
Montgomery County, MO	1,618	217	182	84.3%
Missouri	581,575	74,009	63,678	86%
United States	26,753,396	3,314,834	2,822,996	85.2%



Note: This indicator is compared with the state average.

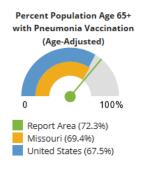
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, <u>Dartmouth Atlas of Health Care</u>, 2014. Source geography: County

# **Pneumonia Vaccination**

# Pneumonia Vaccination

This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

				Download Data
Report Area	Total Population Age 65+	Estimated Population with Annual Pneumonia Vaccination	Crude Percentage	Age-Adjusted Percentage
Report Area	6,306	2,910	71.3%	72.3%
Audrain County, MO	4,082	2,910	71.3%	72.3%
Montgomery County, MO	2,224	no data	suppressed	suppressed
Missouri	826,139	572,514	69.3%	69.4%
United States	39,608,820	26,680,462	67.4%	67.5%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor Surveillance System</u>. Accessed via the <u>Health Indicators Warehouse</u>. US Department of Health & Human Services, <u>Health Indicators Warehouse</u>. 2006-12. Source geography: County

# **ACCESS TO CARE**

The availability of health care resources is a critical factor influencing health status. A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. All of the report area is designated as a Health Professional Shortage Area (HPSA).

# Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

			Download Data
Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Report Area	37,728	16	42.4
Audrain County, MO	25,887	13	50.22
Montgomery County, MO	11,841	3	25.34
Missouri	6,063,589	5,072	83.6
United States	318,857,056	279,871	87.8

Primary Care Physicians,
Rate per 100,000 Pop.

300

Report Area (42.4)
Missouri (83.6)

United States (87.8)

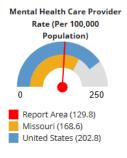
Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, <u>Area Health Resource File</u>. 2014. Source geography: County

### Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

				Download Data
Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Report Area	37,727	49	769.9	129.8
Audrain County, MO	25,887	44	588.3	169.9
Montgomery County, MO	11,840	5	2,368	42.2
Missouri	6,017,783	10,147	593.1	168.6
United States	317,105,555	643,219	493	202.8



Note: This indicator is compared with the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

### Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

			Download Data	Dentists, Rate per 1
Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.	Pop.
Report Area	37,799	10	26.5	
Audrain County, MO	26,096	8	30.66	0
Montgomery County, MO	11,703	2	17.09	Report Area (26.5) Missouri (54.2)
Missouri	6,083,672	3,299	54.2	United States (65.6
United States	321,418,820	210,832	65.6	

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County

# Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevent because a shortage of health professionals contributes to access and health status issues.

			Download Data
Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Report Area	37,765	37,765	100%
Audrain County, MO	25,529	25,529	100%
Montgomery County, MO	12,236	12,236	100%
Missouri	5,988,927	3,266,848	54.55%
United States	308,745,538	102,289,607	33.13%



Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, <u>Health Resources and Services Administration</u>. April 2016. Source geography: HPSA

# **HEALTH OUTCOMES**

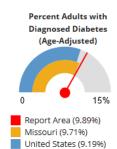
Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

# **Diabetes**

### Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

				Download Data
Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Report Area	27,915	3,275	11.73	9.89%
Audrain County, MO	18,983	2,221	11.7	10.2%
Montgomery County, MO	8,932	1,054	11.8	9.3%
Missouri	4,478,513	486,462	10.86	9.71%
United States	236,919,508	23,685,417	10	9.19%



Note: This indicator is compared with the state average.

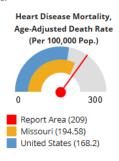
Data Source: Centers for Disease Control and Prevention, <u>National Center for Chronic Disease Prevention and Health Promotion</u>. 2013. Source geography: County

# **Heart Disease**

# Mortality - Heart Disease

Within the report area the rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population is 209. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	37,682	115	306.2	209
Audrain County, MO	25,857	69	265.3	193.6
Montgomery County, MO	11,825	47	395.8	242.7
Missouri	6,061,284	14,312	236.13	194.58
United States	318,689,254	618,853	194.2	168.2



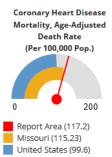
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>National Vital Statistics System</u>, Accessed via <u>CDC WONDER</u>, 2012-16. Source geography: County

### Mortality - Coronary Heart Disease

Within the report area the rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population is 117.2. This rate is greater than than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	37,682	65	172.5	117.2
Audrain County, MO	25,857	33	129.2	95
Montgomery County, MO	11,825	32	267.2	165.6
Missouri	6,061,284	8,485	139.99	115.23
United States	318,689,254	367,306	115.3	99.6
HP 2020 Target				<= 103.4



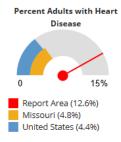
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>National Vital Statistics System</u>, Accessed via <u>CDC WONDER</u>, 2012-16. Source geography: County

### Heart Disease (Adult)

2,151, or 12.6% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

			Download Data
Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Report Area	17,082	2,151	12.6%
Audrain County, MO	17,082	2,151	12.6%
Montgomery County, MO	no data	no data	no data
Missouri	4,527,296	218,318	4.8%
United States	236,406,904	10,407,185	4.4%



Note: This indicator is compared with the state average.

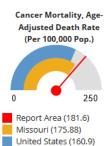
Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor Surveillance System</u>, Additional data analysis by <u>CARES</u>, 2011-12. Source geography: County

# Cancer

# Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	37,682	93	246.8	181.6
Audrain County, MO	25,857	61	237.5	181.1
Montgomery County, MO	11,825	32	267.2	182.8
Missouri	6,061,284	12,920	213.16	175.88
United States	318,689,254	590,634	185.3	160.9
HP 2020 Target				<= 160.6



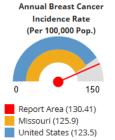
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>National Vital Statistics System</u>, Accessed via <u>CDC WONDER</u>, 2012-16. Source geography: County

### Cancer Incidence - Breast

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

			Download Data
Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Area	2,530	33	130.41
Audrain County, MO	1,751	23	131.3
Montgomery County, MO	778	10	128.4
Missouri	368,864	4,644	125.9
United States	18,515,303	228,664	123.5



Note: This indicator is compared with the state average.

Data Source: State Cancer Profiles. 2010-14. Source geography: County

# Cancer Incidence - Lung

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

			Download Data
Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Area	4,963	42	84.62
Audrain County, MO	3,199	28	87.5
Montgomery County, MO	1,763	14	79.4
Missouri	714,419	5,351	74.9
United States	35,229,411	215,604	61.2

Annual Lung Cancer Incidence Rate (Per 100,000 Pop.) 0 100 Report Area (84.62) Missouri (74.9) United States (61.2)

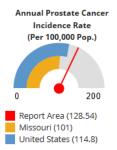
Note: This indicator is compared with the state average.

Data Source: <u>State Cancer Profiles</u>, 2010-14. Source geography: County

### Cancer Incidence - Prostate

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

			Download Data
Report Area	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Area	2,333	30	128.54
Audrain County, MO	1,472	18	122.2
Montgomery County, MO	860	12	139.4
Missouri	345,148	3,486	101
United States	16,980,487	194,936	114.8



Daniel Data

Download Data

Note: This indicator is compared with the state average.

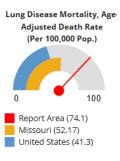
Data Source: State Cancer Profiles. 2010-14. Source geography: County

# Lung/COPD

### Mortality - Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	37,682	40	105.1	74.1
Audrain County, MO	25,857	28	106.7	78.3
Montgomery County, MO	11,825	12	101.5	64.9
Missouri	6,061,284	3,821	63.04	52.17
United States	318,689,254	149,886	47	41.3



Note: This indicator is compared with the state average.

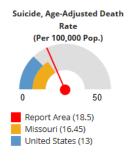
Data Source: Centers for Disease Control and Prevention, <u>National Vital Statistics System</u>, Accessed via <u>CDC WONDER</u>, 2012-16. Source geography: County

# Suicide

### Mortality - Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	37,682	8	20.7	18.5
Audrain County, MO	25,857	5	17.8	18.5
Montgomery County, MO	11,825	3	27.1	suppressed
Missouri	6,061,284	1,015	16.75	16.45
United States	318,689,254	42,747	13.4	13
HP 2020 Target				<= 10.2



Note: This indicator is compared with the state average.

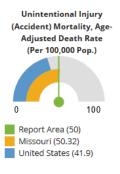
Data Source: Centers for Disease Control and Prevention, <u>National Vital Statistics System</u>, Accessed via <u>CDC WONDER</u>, 2012-16. Source geography: County

# **Unintentional Injury**

### Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	37,682	20	53.1	50
Audrain County, MO	25,857	12	46.4	41.5
Montgomery County, MO	11,825	8	67.7	68.6
Missouri	6,061,284	3,205	52.88	50.32
United States	318,689,254	140,444	44.1	41.9
HP 2020 Target				<= 36.0



Note: This indicator is compared with the state average.

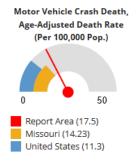
Data Source: Centers for Disease Control and Prevention, <u>National Vital Statistics System</u>, Accessed via <u>CDC WONDER</u>, 2012-16. Source geography: County

#### **Motor Vehicle Deaths**

#### Mortality - Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	37,682	8	21.2	17.5
Audrain County, MO	25,857	5	17.8	17.5
Montgomery County, MO	11,825	3	28.8	suppressed
Missouri	6,061,284	878	14.49	14.23
United States	318,689,254	37,053	11.6	11.3



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>National Vital Statistics System</u>, Accessed via <u>CDC WONDER</u>, 2012-16. Source geography: County

#### **HEALTH RANKINGS**



https://exploremohealth.org/

#### **ZIP Code-level Data**

The Missouri ZIP Health Rankings Project is a collaboration between researchers at the Washington University School of Medicine and the Hospital Industry Data Institute, the data company of the Missouri Hospital Association. Funded by the Robert Wood Johnson Foundation, the project provides a unique approach to measuring community health at the ZIP code level, using hospital discharge and census-based data applied to the County Health Rankings model of population health. The data provided by the project are designed to inform community health needs assessments at a granular geographic level to inform targeted resource allocations for community health improvement initiatives.

#### **County-Level Study**

In 2016, approximately 52,000 Missouri adults were randomly called to participate in the Missouri County-Level Study (CLS). The CLS collected data on the county-specific prevalence of various chronic disease risk factors (e.g., tobacco use, physical activity, nutrition), medical conditions, and preventive practices. This information can be used to help define county-level health priorities. The study spans all 114 Missouri counties and the City of St. Louis. The data presented on this site are ideally suited to assist local health departments, organizations, and coalitions to determine priority health needs and interventions.

More than 100 questions were asked on a variety of related health topics. Socio-demographic questions such as sex, age, race, and marital status also were included. Respondents were non-institutionalized adults, and individuals residing in nursing homes, mental institutions, and correctional facilities were not included in the study. Data are self-reported and thereby subject to recall bias. Additionally, adults living in residences without a landline telephone that do not use a cell phone or that do not speak English are not represented.

Below are the county-level ZIP Health highlights that show the top ranked issues for counties included in the AMCHAP report area.

## Spotlight on ZIP Health



#### Highlighted County-Level Issues for Audrain County

Health Factor	Prevalence (%)	State Prevalence (%)				
Depressive Disorder	26.04	23.04				
Diabetes	14.81	11.33				
Cancer	9.55	9.61				
Asthma	8.78	9.69				
COPD	6.9	8.5				
Angina or Coronary Heart Disease	4.36	4.65				

#### Top Ranked ZIP Codes in Audrain County

ZIP Code	Name	Rank*	Top Health Factor	Top Social Factor
65264	Martinsburg	100	Substance Use Disorder	Income Inequality by Race
65280	Rush Hill	131	Diabetes	Health Care Worker Availability
65285	Thompson	186	Diabetes	Multilingual Households
65240	Centralia	252	Mental Health	Income Inequality by Race
65243	Clark	258	Cancer	Household Size

#### Bottom Ranked ZIP Codes in Audrain County

ZIP Code	Name	Rank*	Top Health Factor	Top Social Factor
63352	Laddonia	590	Kidney Disease	Low Birthweight
63382	Vandalia	588	Kidney Disease	Median Home Value
65265	Mexico	571	Kidney Disease	Uninsured Hospital Visits
63345	Farber	563	Kidney Disease	Preventable Hospitalizations
65232	Benton City	430	Liver Disease	Uninsured Hospital Visits

<sup>\*</sup> Statewide Rank of 958 (1=best)

## Spotlight on ZIP Health



## Highlighted County-Level Issues for Montgomery County

Health Factor	Prevalence (%)	State Prevalence (%)				
Depressive Disorder	20.9	23.04				
Cancer	13.01	9.61				
Diabetes	11.3	11.33				
COPD	9.97	8.5				
Asthma	9.74	9.69				
Angina or Coronary Heart Disease	3.51	4.65				

#### Top Ranked ZIP Codes in Montgomery County

ZIP Code	Name	Rank*	Top Health Factor	Top Social Factor
65069	Rhineland	314	Stroke	Vacant Housing
63384	Wellsville	382	Kidney Disease	Preventable Hospitalizations
63381	Truxton	432	Smoking	Injury Deaths
63359	Middletown	506	Kidney Disease	Less Than High School Education
65041	Hermann	537	Stroke	Injury Deaths

#### Bottom Ranked ZIP Codes in Montgomery County

ZIP Code Name		Rank*	Top Health Factor	Top Social Factor
63351	Jonesburg	843	Years of Potential Life Lost	Injury Deaths
63363	New Florence	775	Cancer	Vacant Housing
63350	High Hill	732	COPD	Health Care Worker Availability
63333	Bellflower	723	Teen Pregnancy	Injury Deaths
63361	Montgomery City	609	Diabetes	One Parent Households

<sup>\*</sup> Statewide Rank of 958 (1=best)

#### **PRIORITY MICA**



DATA MICAS

The Missouri Information for Community Assessment (MICA) is an interactive system that was developed to make health data accessible at the local level through an easy-to-use format. It allows users to summarize data, calculate rates, and prepare information in a graphic format. Data MICA users can access statistics on various health conditions and associated topics. Users can choose from many conditions, generate data tables by year of occurrence, age, gender, race, county or zip code of residence, and obtain age-adjusted rates.

This tool provides another objective method to set priorities, guide decision-making and assist with collaborative intervention planning. One of the Community Health Improvement Resources (CHIR) tools is "Priority MICA," a web-based tool of the Missouri Department Health & Senior Services (DHSS) that provides a structured process to help determine the priority health needs of a community in conjunction with other information available, including secondary data and community feedback sessions.

The process acknowledges that communities have different needs and may be in different places in addressing health issues. Some communities may need to start with creating or strengthening partnerships, while others may be ready to plan an intervention to address a priority health issue. Communities can use this tool to conduct a thorough needs assessment to identify priority health issues to address. The Priority MICA allows a user to prioritize from a list of diseases or risk factors available in the application. The diseases and risk factors were selected for inclusion in the assessment were based upon the DHSS strategic plan, Healthy People 2010 and available data.

Based on the use of this data-driven, evidenced-based tool, health issues were ranked by prevalence in each of the five counties and compared with the state of Missouri, then aggregated the five-county region and populated a top seven priorities.

While this objective methodology provides a rational basis for priority setting, one should not assume that a purely objective process is always the preferred approach. There can be situations in which other non-objective criteria are important to the priority setting process. A community should not ignore other criteria of community importance not included in the Priority MICA.

The Priority MICA is meant to be used only as a tool. It should be used along with other information that is available in a community. There may be other diseases/risk factors that are important to a community that are not part of the Priority MICA. The fact that a disease/risk factor is not in the Priority MICA does not mean a community should ignore the disease/factor.

Following is an aggregate of the Top Seven MICA Priorities within the five-county region.

### **Prioritization of Top 10 Diseases and Conditions**

Sex: Both Sexes, Race: All Races, Age Group: All Ages

**Audrain County** 

	T	
Disease/Condition	<u>Rank</u>	Total Weight
Chronic Obstructive Pulmonary Disease (COPD)	1	279.5
Heart Disease	2	259.5
Motor Vehicle Accidents	3	249
Diabetes	4	245
Alcohol- and Substance-Related	5	242
Lung Cancer	6	221
Stroke/Other Cerebrovascular Diseases	7	219
Alzheimer's/Dementia/Senility	8	215.5
Infant Health Problems	9	215
Suicide and Self-Inflicted Injury	10	215

### **Prioritization of Top 10 Diseases and Conditions**

Sex: Both Sexes, Race: All Races, Age Group: All Ages

**Montgomery County** 

Disease/Condition	<u>Rank</u>	Total Weight
Chronic Obstructive Pulmonary Disease (COPD)	1	263
Heart Disease	2	259.5
Motor Vehicle Accidents	3	252
Diabetes	4	229.5
Pneumonia and Influenza	5	223.5
Alzheimer's/Dementia/Senility	6	220.5
Lung Cancer	7	219.5
Arthritis/Lupus	8	216
Infant Health Problems	9	209
Affective Disorders	10	203.5

#### **Title: Missouri Resident Deaths**

Data selected in addition to rows and columns below: Single Year(s): 2017;

County:	Audrain	Audrain		Montgomery	Montgomery		Total for selection	Total for selection		Missouri	Missouri
Statistics:	Count	Rate		Count	Rate		Count	Rate		Count	Rate
<u>Cause</u>											
Heart disease#	65	180.08		65	343.53		130	235.12		14,818	191.08
Cancer#	81	236.44		35	182.87		116	217.30		12,969	167.23
Other diseases/conditions	43	121.94		14	85.08	*	57	105.63		6,371	83.80
Chronic lower respiratory diseases#	28	83.78		14	69.76	*	42	79.60		3,941	50.66
Essential hypertension#	12	34.31	*	9	40.86	*	21	37.35		700	8.99
Stroke (cerebrovascular diseases)#	9	24.52	*	11	53.42	*	20	34.81		3,159	41.01
Accidents (unintentional injuries)#	10	34.51	*	5	32.11	*	15	33.99	*	3,773	58.75
Alzheimer's disease#	5	13.94	*	6	24.04	*	11	18.35	*	2,545	32.30
Confid	dentiality:	The "x" sy	/m	bol indicates t	he confidentiali	ity	y rule has b	een trigge	re	d.	
	Rate:	Death rates are annualized per 100,000 residents and are age adjusted to the U.S. 2000 standard population.									
	Source:	: DHSS - MOPHIMS - Death MICA									
Gene	rated On:	11/19/2018 12:39									
	*	Rate is unreliable; numerator less than 20									

#### Title: Missouri Resident Chronic Disease Deaths

Data selected in addition to rows and columns below: Single Year(s): 2017;

County:	Audrain	Audrain		Montgomery	Montgomery		Total for selection	Total for selection		Missouri	Missouri
Statistics:	Count	Rate		Count	Rate		Count	Rate		Count	Rate
Chronic Cause											
Heart disease	65	180.08		65	343.53		130	235.12		14,818	191.08
Cancer	81	236.44		35	182.87		116	217.30		12,969	167.23
Chronic Obstructive Pulmonary Disease (COPD) excluding Asthma	27	79.10		14	69.76	*	41	76.39		3,872	49.64
Essential hypertension	12	34.31	*	9	40.86	*	21	37.35		700	8.99
Stroke (cerebrovascular diseases)	9	24.52	*	11	53.42	*	20	34.81		3,159	41.01
Alzheimer's disease	5	13.94	*	6	24.04	*	11	18.35	*	2,545	32.30

Confidentiality: The "x" symbol indicates the confidentiality rule has been triggered.

Rate: Death rates are annualized per 100,000 residents and are age adjusted to the U.S. 2000

standard population.

Source: DHSS - MOPHIMS - Chronic Disease Deaths MICA

Generated On: 11/19/2018 12:55

\* Rate is unreliable; numerator less than 20

Chronic Disease: The Chronic Disease categories shown here do not include all types of chronic disease.

# COMMUNITY INPUT Discussion Groups & Surveys

#### **COMMUNITY DISCUSSION GROUPS**

From the discussions held with community groups and interviews with providers and consumers, responses were aggregated and several common themes emerged. Following is a summary of community input. Responses with an asterisk (\*) or asterisks denote top issues or challenges which were the same or similar among multiple participant comments. To initiate discussion, the community discussion group participants were asked to make general observations about their community and to provide a rating of their perceived overall well-being and health status of their community using a scale of 1 to 5 with 5 being best.

#### Overall Rating on Perception of Health and Wellbeing of the Community: 2.4

#### **Top 5 Concerns - Key Indicators/Determinants of Health Rankings**

During the input sessions, participants were also asked to review and rank a listing of key indicators, factors and or determinants of health that had previously been identified to have some degree of variance in the region. The list was derived from a Community Commons variance report. Each participant was asked to mark their top five concerns. The top five concerns for each session are noted below.

County	Risk Factors	<u>Health</u> <u>Conditions</u>	<u>Health</u> <u>Environment</u>	Social and Economic	<u>Demographics</u>
				<u>Factors</u>	
Mexico	Access to Mental	Substance Abuse	Access to Healthy	Poverty	Diversity of
Schools	Health Care	/ Overuse -	Food		Population
June 25		Alcohol			
Montgomery	Access to Primary	Substance Abuse	Access to Public	Uninsured	Aging Population
County Health	Care/Medical	/ Overuse -	Transportation		
Dept July 24	Care	Alcohol			
Montgomery	Access to Mental	Substance Abuse	Places to Walk,	Level of	Aging Population
County Health	Health Providers	/ Overuse –	Exercise, Bike	Education	
Dept Board of		Alcohol			
Directors					
July 25					
Montgomery	Access to Primary	Suicide	Access to Public	Poverty &	Aging Population
County Health	Care/Medical		Transportation	Level of	and Diversity of
Dept July 26	Care and			Education	Population
	Access to Mental			Uninsured	
	Health Care				
Arthur Center	Access Mental	Diabetes	Access to	Poverty	Aging Population
Community	Health Providers		Affordable		
Health			Housing		
August 1					
Mexico YMCA	Overweight-	Substance Abuse	Access to Healthy	Poverty	Aging Population
Community	Obesity	/ Overuse -	Food		
Session		Alcohol			
August 7					
Mexico	Access to Mental	Substance Abuse	Access to Public	Poverty	Aging Population
Chamber of	Health Providers	/ Over Use –	Transportation		
Commerce	& Overweight-	Alcohol & Heart			
August 8	Obesity	Disease			

#### **#1 Mexico Public Schools Input Session -- June 25**

#### Rate Your Community = 2.5

#### Health Challenges/Issues

- Eating healthy
- Teen/Smoking tobacco & marijuana
- Terminal illnesses cancer due to exposure to chemicals
- Mental Health issues \*\*\*\*\*\*\*
- Physical activity awareness
- Addiction drugs, smoking, drinking
- Affordable healthy eating options
- Childhood obesity
- Lack of physical fitness
- Spiritual health
- Lack of primary care doctor
- Lack of insurance and access to affordable insurance
- Homelessness
- Overall poor nutrition and lack of healthy food options for kids at home and school
- STDs are on the rise -- need education on STDs/sex education
- Obesity
- Education level
- Many community members have no insurance
- Poor hygiene is an issue
- Teen pregnancy
- People living in poverty and no funds for health care
- Childhood obesity
- Access to eye and dental care -- not enough places that accept insurance
- Social/emotional health and well being
- Access to vision/dental care
- Health Literacy education -- knowledge of when to go to ER versus urgent care, good nutrition, fitness and parenting
- Lack of recreational space (biking, walking trails, parks and etc)
- The amount of time that kids spend on-line with electronic/online gaming
- Domestic abuse

#### **Barriers**

- Cost to join fitness facilities, lack of exercise
- Cost of healthy food many can't afford to eat healthy
- Parent education on food and nutrition and how to cook as well as understanding ethnic preferences
- The stigma, expense, lack of resources around mental health
- Lack of education of prescription medication use and follow-up
- Lack of food
- Drug abuse all ages; community lacks prevention programs, the drug program now is just 5<sup>th</sup> graders
- Lack of programs addressing teen pregnancy -- program with Audrain Co. Health Department is optional, no education on abstinence, lack of community approach
- Low level education is concerning
- Teen smoking, drinking and drug program is just focused on 5<sup>th</sup> graders
- Availability of resources for homelessness are limited
- Cycle of domestic abuse lack of resources; lack of follow-up leading to repeat of same situation

- Cost and time of cancer treatment due lack of local/close treatment option
- Stigma associated with mental health and people scared of being judged
- Not sufficient STD prevention education
- Patient's not managing their heart disease due to cost, lack of participation/priority
- Lack of health insurance
- Lack of collaborative efforts around community health screenings

#### #2 Montgomery County Health Dept. Employees – July 24

#### **Health Challenges/Issues**

- Mental health is top concern
- Drug abuse and overdoses
- Lack of sports activities for kids
- Obesity childhood and adult
- Suicides in the county
- STDs is an increasing concern
- Lack of prenatal care MCHD is seeing mothers at the time of delivery who have not had prenatal care
- Transportation is a major barrier
- Services for elderly without Medicaid
- Need more health care providers and availability of office hours
- Poor education/uneducated
- Cost of medication is barrier to prescription refills
- No insurance or insufficient insurance coverage
- Unaffordable high deductible insurance plans
- Tobacco use
- Bullying and domestic abuse
- Lack of dental care
- Lack of dental insurance
- Lack of immunizations
- Birth control and teen pregnancy; need to educate students earlier
- Lack of resources overall in the county

#### #3 Montgomery County Health Department - July 25

#### Rate Your Community = 2.6

#### **Impression of Community**

- Poverty is increasing in the communities
- Too much low income housing (transient families moving in and out)
- Aging population and elderly are moving away to be closer to healthcare
- Health resources are too far away; long travel distances to services needed
- Community in general is unmotivated to take care of self
- Seeing more aging parents without family support nearby

#### Health Challenges/Issues

- Mental Health/Depression
- Lack of OB services
- Lack of Senior services
- Cancer

- Suicide
- Alzheimer's/Dementia
- Drug addiction
- Lack of senior day care
- Lack of good parenting
- Pediatric obesity

#### **Risk Factors**

- Poor health habits and multigenerational failure to thrive
- Rate of domestic abuse increasing
- Lack of coping mechanisms and skills
- Rate of smoking
- Low income level
- Lack of affordable physical activity for kids
- Unemployment
- Low education level
- Under use of the services available need more education on how to access

#### **Barriers**

- Lack of health care specialists mental health and OB physicians
- Lack of knowledge and education on healthy lifestyle
- Families in distress are not seeking resources to get help; don't know where to go
- Great primary care clinics but hours of operation are limited and lack consistent doctors
- Transportation is issue; there is no public transportation
- No radiology services in county
- Income level is low
- Lack of exercise and no "free" options available
- Lack of social support for senior adults
- High deductible and expensive insurance plans
- Lack of insurance

#### #4 Montgomery County Health Department Input Session - July 26

#### Rate Your Community: 2.5

#### **Impression of Your Community**

- Always room for improvement
- Health Department is a real asset
- Children in nuclear plant families are more likely to be healthier and more successful
- Lack of social/physical activities offered
- Transient population of people who come to be close to incarcerated family member

#### Health Challenges/Issues

- Drug and substance abuse is a major issue
- Mental Health suicide, depression
- Low education level GED or high school degree
- Provider access is lacking in community
- Lack of access to substance abuse & treatment
- Transportation
- Cost of healthcare affordable insurance, high deductible, drug costs
- Need physicians in clinics on a more consistent regular basis

- Suicide intervention
- Drug use intervention
- Need an Urgent Care option in the county
- Need treatment center for drug abuse
- Need a cancer clinic close to home
- Lack of senior services (i.e. home care)
- Lack of prenatal care
- Child abuse/neglect
- Lack of dental services for Medicaid kids\*\*\*\*
- Lack of physical activity
- Access to dental care for under-insured
- Access to mental health/resources or family counseling, marriage counseling
- Women's health/STD testing, pre and postnatal care
- Obesity and lack of physical activity for youth
- Underage drinking and substance abuse

#### **Barriers**

- Majority of healthcare offices do not have a doctor on site full time to manage effectively identified health concerns
- Lack of OB/GYN professionals or services
- Mental health services are few and far between; specifically providing support to parents as well as kids for trauma related issues
- When a specialist is needed transportation is a major barrier, especially for our low income families
- Led screening is not available like it used to be
- No resources available to address the opioid crisis in the county
- There is no certified physical therapy for heart rehab
- Lack of consistent local doctor
- Top chronic diseases Cancer, Diabetes, Heart Disease

#### **Advice/Possible Solutions**

- Parenting classes
- Affordable access to healthy food
- Legal services for low income families
- Collaborate on drug prevention efforts in the community
- Improve access to affordable child care and offer extended hours for child care
- Diversity education and ways to embrace it
- Comprehensive quality healthcare for uninsured & under insured
- Increase STD testing and treatment and access to affordable family planning
- Bring specialty outreach clinics to town at least once or twice per month to address diabetes, podiatry, cardiac, etc.
- Improve coordination and communication between services that are currently offered
- Improve referrals for wellness screenings, hearing, vision, led, preventive care and chronic diseases
- Increase suicide prevention education
- Respect and treatment of the low income families; need sensitivity training on this and need to reduce stigma
- Improve awareness about resources that are available through the health and human services organizations and the programs that do exist

#### #5 Arthur Center Community Health Input Session - August 1

#### **Rate Your Community = 2.9**

#### **Impression of Community**

Changing community with increasing poverty after brick plants closed in 2000. Many people work in Columbia, becoming more of a bedroom community. More people getting health care in Columbia when they work there. MU Tiger Peds and Boone Hospital have opened clinics in Mexico to improve access. The SSM hospital is struggling financially and is cutting back the scope and scale of services to remain viable. The community fears basic services like obstetrics are at risk. In terms of other health issues, health literacy is an issue. Many in the community are not aware of health care resources. Lots of people do not qualify for Medicaid and remain uninsured.

#### **Health Issues/Challenges**

- Transportation is a significant challenge for access to health care. Arthur Center Community Health and the Health Department are not accessible on foot. Medicaid transport is available but the uninsured do not have much available. Taxis are too expensive for many.
- There is a lack of affordable housing
- There is a lack of knowledge of health living with some of the population.
- There is a lack of knowledge of available community resources
- There are many uninsured and the number is probably growing.
- There are long wait lists for existing dental services and there is a waiting period of a couple of months to get initial psychiatric services.
- Emergency funding for drugs, housing, utilities are not always available.
- Churches are difficult to engage with needs because they are overwhelmed with requests.
- There is a lack of coordination and collaboration to address social needs and assistance with completing applications for people who struggle with literacy.
- Domestic violence and child abuse are challenges that impact the health of our children and women.
- Many parents are in prison leaving grandparents or other relatives to raise children.
- "Babies" raising babies.
- Drug and alcohol issues

#### **Barriers and Aids**

- Montgomery County and less so in Audrain– there is a lack of awareness of bullying in the schools and some general stigma relating to mental health.
- Language barriers there is a growing Spanish speaking population and not a lot of interpreting
  resources available. Because it is a small community, it is sometimes left to children to interpret for
  parents.
- Homelessness there is a lot of "couch surfing" and other types of homelessness and multiple families living under the same roof to survive.
- Daycare is too expensive for many. Need to have government assisted day care available in the community.
- Ministerial Alliance is no longer functioning as it was
- Services are not available in smaller towns in the counties
- Schools do not have enough books and therefore can't send books home for homework.
- Crisis Intervention Team local law enforcement and mental health are working much more closely together to address some issues relating to mental illness.
- Help Center is a great resource to increase access to food and healthier foods. There is a lot more fresh produce available than in the past.

#### Advice/Solutions

- Get input directly from the people with needs
- Many do not access help because they don't want people to know they are struggling to have basic necessities. Especially the elderly.
- We need more support groups in the community
- Need a support group for children with parents in prison.
- Need to continue to address bullying
- Need something for youth in the community that is organized, safe and fun.
- Engage with schools on the health care issues.
- Engage with parents what do you need?
- Use social media and Facebook to engage kids and young adult to community free activities
- Offer classes to teach how to shop for healthy foods on a budget.
- It would be nice to have a community forum about social issues.

#### #6 Mexico YMCA – August 7

#### Overall Rating of Community = 3.0

#### **Health Issues/Challenges**

- There is growing poverty and hunger in the community
- Cost of health care for those with high deductible plans and affordability of insurance is a growing concern
- Lack of primary medical care and hours of operation for general practitioners \*\*\*\*\*\*
- Mental illness (depression) \*\*\*\*\*\*
- Drug use, abuse, addiction and excessive drinking is a major concern \*\*\*\*\*\*
- Childhood obesity, poor school lunches, easy access and affordability of fast food
- Transportation for elderly
- Poverty and homeless more people are living in the parks or couch surfing
- Family issues grandparents are raising children
- Community is unaware of the YMCA and the programs it offers, and there is a lack of motivation to exercise and get fit
- Poor nutrition/diet and overeating is leading to increasing obesity in the community
- Poor nutrition is result of healthier meals are more expensive, families eating less meals at home and more eating out, need for healthy cooking skills, lack of exercise
- Community needs to be more active to improve overall health
- Tobacco use and exposure to second-hand smoke needs to be addressed
- Most important health risks in the community include obesity, smoking, and poor nutrition
- Diabetes is prevalent health condition
- Dementia seems to be more prevalent in the community
- Teen pregnancy and STDs are increasing
- Poverty, low paying jobs, affordable health care and lack of financial literacy
- Individual lack of motivation or desire for change not seeking assistance programs for addictions, mental health, etc. that are available

#### **#7** Mexico Chamber of Commerce – August 8

#### Overall rating of Community = 3.0

#### **Health Issues/Challenges**

- Limited mental health out-patient services
- Lack of public transportation
- Smoking is still allowed in public areas
- Substance abuse and addiction
- Uninsured & under insurance impacts healthcare access
- Mental health and substance abuse \*\*\*\*\*\*\*
- Obesity\*\*\*\*\*
- Access to free screenings or preventative care
- Education for pre & post-natal care
- Access to primary medical care
- Drug use and heavy drinking
- Lack of transportation
- Access to healthy food options
- Low income and poverty \*\*\*
- Bad parenting creates major issues in schools
- Lack of exercise and physical activity is leading to more obese community
- Mental Health care professionals and services are much needed in the community
- Tobacco use and smoking
- Lack of access to Specialists
- Domestic abuse and same people repeating the cycle of abuse
- Access to vision and dental services is limited
- Limited number of doctors and doctors are aging
- Overall the population is aging in the area
- Heart Disease and lack of self-care for related conditions
- Cancer and the cost of and time involved getting treatment
- Teen pregnancy and STDs transmission is a growing concern
- Childhood obesity and children are not getting regular check-ups
- Lack of primary care physicians and lack of physician specialists; must travel long distance
- Elder loneliness and mobility
- Lack of resources for homeless

#### Advice/Solutions

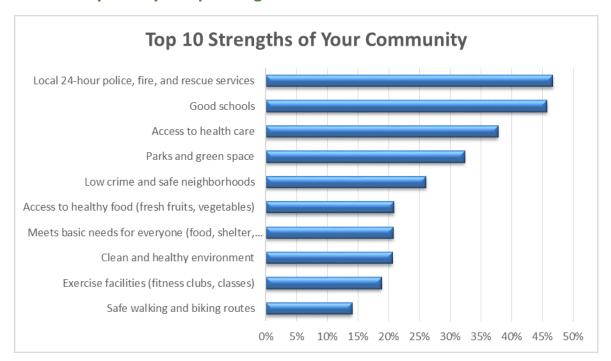
- Mental Health issues in our community results from a national shortage of professionals in this field.
  Waiting lists are long, not enough community liaisons, little to no insurance to cover mental health
  services. Local officers to get trained in crisis intervention. Arthur Center offers a sliding scale for
  uninsured. Need more counselors in schools.
- Drug/Alcohol/Substance Abuse issues have increased. Community has a shortage of police officers.
  Harsher penalties should be considered. There is little access to addiction treatment. Need more
  education to create community awareness and what to look for and when to report suspicious
  behavior or events.
- There is a need for more community-based drug free program outreach to youth; not enough to just offer education to fifth graders.
- Obesity/Poor Nutrition is a top challenges. The cost of cooking healthy is a barrier as is lack of free community nutrition education, transportation (ex. people without cars will walk to local gas stations to purchase food instead of getting transportation to grocery store to get healthier options. Increase early education offered in schools on nutrition and proper food choices.
- Lack of access to dentist and oral care. Bring a mobile dental unit to the community to visit schools.

- Access to primary care/free preventative screenings/specialists. Increase the availability of providers. The cost of insurance, and shortage of and ability to recruit specialists to the community creates a barrier to access; need to find a way to deliver services differently.
- Low income and poverty is growing. People desire to work, but need basic education and skills such as ability to read cursive. Need to work to overcome motivation to hold a steady job and federal assistance which enables the unemployed to stay unemployed. The cost of insurance is a huge issue for many and is a leading factor that drives the community to make choices to decrease care and or visits to health care services.
- Lack of transportation also creates a barrier to accessing services. There is no public transportation other than OATS bus.
- Parent skills education is needed and pre/post-natal care and teen pregnancy need to be addressed. Lack of 24-hour child care for parents that work late/night shifts; limited, if any, community sex education or mentoring programs are available and there is a shortage of foster parents.
- Elder loneliness and isolation is increasing. Need more help or volunteers to help in this area and more awareness about how to help. Need for pen pal programs and social interaction programs for with seniors who are lonely.

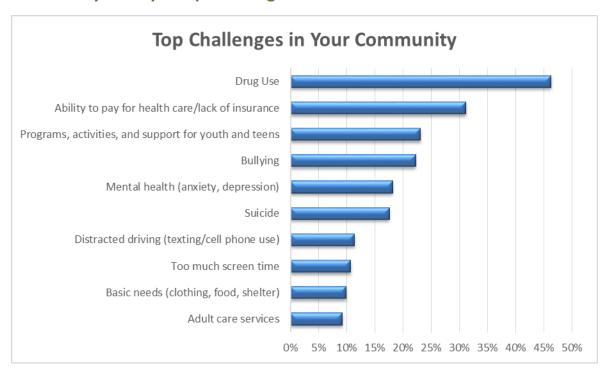
#### **COMMUNITY PERCEPTION SURVEY**

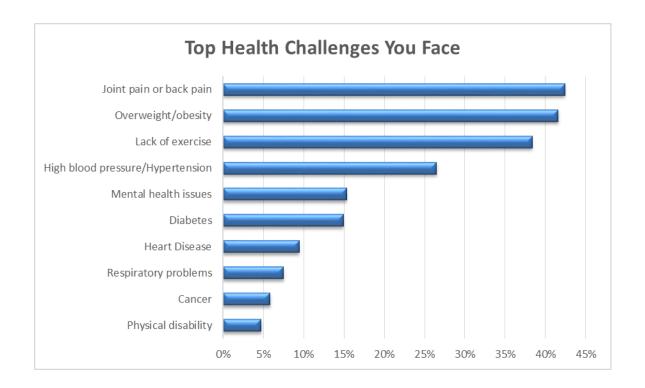
A community perception survey was made available on-line and paper surveys with collection receptacles were placed in medical offices, community health department clinics, and United Way agency offices. In addition, the electronic survey web-link was broadly distributed through social media, websites and email. A total of 751 surveys were completed. 50.64% of the respondents live in Audrain County, 46.36% live in Montgomery, and the majority of respondents were female. 51.2% of the respondents answered that their yearly household income is less than \$50,000; 11.23% reported yearly household income below \$12,140. The majority (84.1%) of those completing the survey reported they have visited a primary care physician in the last 12 months. 68.79% stated they go to a primary care physician most often when they are sick. Of the 251 respondents who reported they did not see a doctor in the past 12 months, 40.27% said they could not afford and 28% reported they were too busy to go see a doctor, 13.12% reported they could not get an appointment and 12% reported lack of insurance and lack of transportation as a reason they didn't see a doctor. Survey respondents noted lack of affordable health insurance, lack of specialists, hours of operation, long-wait time for appointments and lack of health care professionals as the top five things that impact access to health care in their community. It should be noted that 59.21% of respondents reported they have private insurance, 19.83% have Medicare, and 11.76% have Medicaid. Less than 10% of respondents reported they were self-pay/uninsured.

#### **Community Survey – Top Strengths**

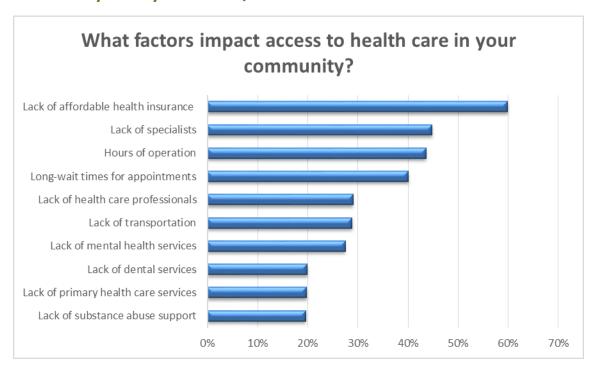


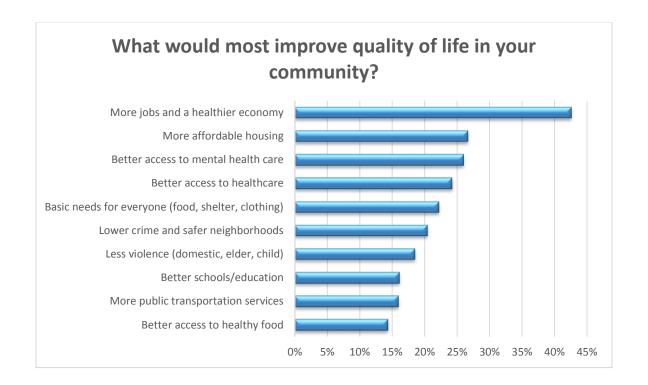
#### **Community Survey – Top Challenges**



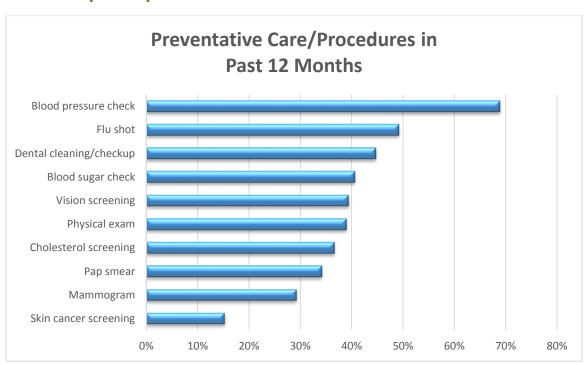


#### **Community Survey – Barriers / Aids**





#### **Community Survey – Preventative Care**



#### **Top 50 Emerging Issues and Concerns**

(identified through data collection, surveys and community input are listed in alphabetical order)

- Addiction drugs and alcohol
- Affordable health care options
- Affordable healthy food
- Affordable housing
- Aging of Population
- Cancer / Terminal Illness
- Childhood obesity
- Coordination of existing services is needed
- Dementia and Alzheimer's
- Diabetes
- Diversity of Population
- Domestic Violence and Child Abuse
- Food insecurity/availability
- Generational Poverty and Habits
- Health Literacy risk factors, prevention, parenting, life skills, how to break out of poverty, financial assistance
- Healthy Eating
- Heart Disease
- Homelessness
- Joint and back pain
- Lack of access to dental care
- Lack of access to eye care
- Lack of access to primary care doctor
- Lack of access to specialists have to travel long distances
- Lack of insurance
- Lack of OB / Prenatal Care
- Lack of recreational facilities and space
- Lack of senior support services including senior day care
- Lack of social and emotional support
- Low income
- Lung Disease / COPD
- Mental Health
- Motor Vehicle Accidents
- Parenting skills
- Physical inactivity
- Poor hygiene
- Poor nutrition
- Poor spiritual health

- Population with disability
- Poverty
- Prison family and transient population
- Rural isolation / Elder loneliness
- STDs
- Suicide
- Support of Public Safety, Schools, Public Health
- Teen births / pregnancy
- Tobacco & marijuana use /smoking
- Toxic stress and lack of coping skills
- Transportation
- Unemployment
- Youth programs and activities are lacking

# CHNA FINDINGS Prioritized Issues/Needs

#### **Prioritization**

Upon review of the findings from the secondary data analysis, community discussion groups and the perception survey, the AMCHAP Steering Team compiled a listing of the top 50 issues identified and completed a prioritization exercise. The listing includes both health issues and social determinants of health. As part of the CHNA requirements, we are required to elevate the needs that are identified and validated through the data analysis. In order to do so, specific criteria was used to assess each of the identified community needs. Below are examples of the external and internal prioritization process tools.

External Prioritization: Have your community partners or community members on your CHNA work team complete the ranking below. A high "total priority score" indicates the highest prioritized, most pressing need.

Instructions: For each of the identified community needs, please select the rating that best describes your agreement with the statements below and write it in the box below the question.

5: Strongly Agree	4: Agree	3: Neutral	2: Disagree :	1: Strongly Disagree	
	Severity	Importance to Community	Impact	Existing community resources	
Identified Community Needs	within this	addressing this health need is very important	addressing this health need will improve the quality of life within		Total Priority Score
					0
					0
					0

Internal Prioritization: Once community members have created a list of priorities, using the newly prioritized list of needs, complete the ranking below. A high "total priority score" indicates the highest prioritized most pressing need.

Instructions: Please rank each of the identified needs using the following criteria and scale.

		Alignment with			
		Mission, Key	Resources Needed to		
	Magnitude	Strategies & Priorities	Address the Issue	Hospital's ability to Impact	
	Greater than 10%				
-	unfavorable as		No additional resources	Can provide a service likely to	
5	compared to	Consistent with 2 or	needed; service is	measurably improve the	
	benchmark	more SFHRP strategies	currently in place	community's health status	
				Can provide a service likely to	
				measurably improve the	
3	10% unfavorable as		Minimal resources	community's health status with	
	compared to	Consistent with one of	needed to extend a	expertise from a community	
	benchmark	the SFHRP strategies	current service	organization partner	
	Equal to or more				
1	favorable as compared	Inconsistent with the	Requires significant	Don't have the ability to	
	to benchmark	SFHRP strategies	resources	measurably improve this need	
					Total Priority
<b>Identified Community</b>	/ Needs				Score
		·		·	0
					0

#### 2019-2021 IDENTIFIED PRIORITY NEEDS

The Community Health Needs Assessment is intended to be a tool in identifying and pursuing collaborative goals and actions to address the identified prioritized needs. Based on the AMCHAP prioritization exercise, these top five issues and determining factors were identified as priorities:

#### Prioritized Health Issue #1: Mental Health Disorders and Substance Abuse

Many discussion group participants and steering team members expressed concern about mental health issues in the community. In particular, mental health issues, such as anxiety, depression and risk of suicide, are prevalent concerns. There are limited mental health providers in the area in general but especially noted was the gap in providers for youth and families in distress. Long waits and travel distance to treatment or counseling were often noted. Additionally, many feel that mental health is intertwined with other key health issues such as substance abuse, addiction, and overall good physical health. In regard to substance abuse, it was noted that individuals may be using drugs/alcohol as a mechanism to cope with mental health issues stemming from toxic stress and ongoing family distress they experience. Poor mental or behavioral health frequently contributes to or exacerbates problems with physical health and illness. An additional concern reported was related to connecting patients with services needed, especially coordination of care for patients with co-occurring conditions. Lack of awareness and social stigmas around mental health in these communities may play a key role in whether someone chooses to seek care.

#### Prioritized Health Issue #2: Access to Health Care

Access to specialty, primary and preventive health care services through a doctor's office, clinic or other appropriate provider is an important element of a community's health care system, and is vital for helping the community's residents to be healthy. The ability to access care is influenced by many factors, including insurance coverage and the ability to afford services, long waits for appointments or treatments, the availability and hours of operation of health care providers, an understanding of where to find services when needed, a lack of providers accepting Medicaid patients and a lack of reliable personal or public transportation were frequently mentioned as concerns.

For the purposes of this report, "access to care" is more than just access to health insurance. It also encompasses availability and continuity of primary and specialty care providers for physical and behavioral health services. All of the report area is designated as a Health Professional Shortage Area (HPSA). Access to primary care physicians as measured by a rate per 100,000 population is half, or 42.4, when compared to the Missouri 83.6 and United States 87.8 rates. Overall, specialty physician services are lacking and the community must drive long distances to access specialist for most disease conditions. Access to mental health providers, particularly in Montgomery County is significantly lower. Of most concern was the access to OB and Prenatal Care and Mental/Behavioral Health Care.

#### Access to OB and Prenatal Care

Lack of access to OB physicians and services was of great concern, leading to lack of prenatal care during pregnancy, high risk deliveries, infant poor health and mortality. The infant mortality rate for Montgomery County was 10.7 per 1,000 births compared to the Missouri rate of 7.2 and the US rate of 6.5, per 1,000 births. Public health providers reported that many mothers are first seeking OB prenatal care in the third trimester. The teen births (rate of total births to women age 15-19 per 1,000 female population) for the report area was 50.04 compared to the Missouri rate of 39.5 and the US rate of 36.6. These indicators may indicate the existence of broader issues pertaining to access to reproductive and maternal and child health and education.

#### Access to Care to Mental/Behavioral Health Care and Substance Abuse/Addiction Treatment

Lack of mental health providers and substance abuse services was mentioned most among participants. Community input emphasized the impact of mental health disorders and drug abuse on the community, a lack of mental health professionals and treatment options, as well as the economic burden it is placing on law enforcement, EMS, public health and hospital providers. Opioid use and alcohol overuse were mentioned more often, however, marijuana, and methamphetamines were also mentioned as top concerns.

#### Prioritized Health Issue #3: Chronic Diseases & Health Risks Prevention

Chronic diseases, specifically Diabetes, Heart/Cardiovascular, Cancer and Lung/COPD are prevalent health issues in the report area. Diabetes and Heart Disease was the most frequently mentioned chronic disease, and was often linked with discussion about obesity and overweight. Heart Disease is the leading cause of death in Missouri and in the report area. The percent of adults with Heart Disease in the report area is 12.6%, nearly three times higher than Missouri (4.8%) and the United States (4.4%). The mortality rate for Heart Disease per 100,000 population is 209 for the report area, mostly attributable to Montgomery County's age-adjusted death rate of 242.7 per 100,000, which is significantly higher than the Missouri rate of 194.58 per 100,000 population.

There was wide recognition of the toll chronic illness has on the health of a community, its impact on the health care system, and the importance of not only treatment but also behavioral change necessary to address the chronic disease, specifically the patient's desire to change and engage in self-management of their chronic disease. Preventing these health outcomes is of particular importance through education of children and youth on proper nutrition, fitness and other healthy living habits. Related contributing factors reported were nutrition and diet, low physical activity and exercise levels, and access to healthy food. Access to healthy foods was mentioned as a barrier, including that some cannot afford to purchase fresh produce or would have to travel some distance to access healthy food.

Cancer and Lung/Chronic Obstructive Pulmonary Disease were reported frequently among the top diseases for hospitalizations, ER visits and chronic disease deaths in the report area and are listed among the top causes of death, just behind Heart Disease (MICA 2017). The Cancer mortality age-adjusted death rate per 100,000 population is 181.6 for the two-county report area, which is higher than the Missouri rate of 175.88 per 100,000 population. Specifically, the incidence of breast cancer, lung cancer and prostate cancer were higher than both the Missouri and United States age-adjusted death incidence rates. (See pages 31-32) The Lung disease mortality, age-adjusted death rate per 100,000 population for the report area is 74.1 compared to the Missouri rate of 52.17 and the US rate of 41.3. (Page 32) Increased awareness of risk factors, cancer services and treatment options, as well as preventative screenings through health promotion is needed in order to increase early detection, and decrease late diagnosis and treatment of cancer and lung diseases.

#### Prioritized Health Issue #4: Health Literacy

Health literacy, including chronic disease self-management, preventative care, as well as understanding of key risk factors, stress management and coping are needed to improve health and wellness decisions. While nearly 80 of the survey respondents indicated they receive most of their health information from their doctor or health provider, a lack of time spent educating patients in the doctor's office was mentioned by discussion group participants as one barrier to

helping patients understand their health condition and how to treat it. Participants suggested that health education, preventative screenings, and social and emotional support services be delivered differently throughout communities rather than in the traditional class offerings or group settings. Expanding the opportunities for education of consumers through digital media, health kiosks, providing more mobile health care options, and using community health workers and case managers in a variety of settings, including churches and schools, to encourage and link individuals to health care or support services. In addition, it was noted that health literacy is a concern that cuts across the other priority areas as well, income and educational disparities, language barriers, lack of insurance and/or understanding of how to use the health care system are some of the issues that undermine health and wellness in this region.

# Prioritized Health Issue #5: Health Risk Prevention: Overweight/Obesity & Physical Inactivity, Smoking & Tobacco Use

Obesity and physical inactivity are both often pre-cursors to other health issues. Obesity is often the driver of other chronic conditions, such as diabetes, heart disease and cancer. Increasing rate of obesity was a common concern in Audrain and Montgomery counties, where more than 34 percent of the population was rated as obese. More than 40 percent of the survey respondents indicated obesity and being overweight as a top health challenge they face. In addition, many discussion group participants felt childhood obesity prevention is at the core to preventing other long-term health issues and expressed concern for the lack of programs, activities and support for youth and teens. Improving community infrastructure for places to walk, exercise, and bike, as well as increasing access to fitness facilities and healthy food sources is important. It was noted that while improvements are being made to facilities, outdoor trails and parks, these types of infrastructure improvements are limited due to funding. Enhancing healthy lifestyle education offerings in the community and increasing awareness and availability of healthy foods is an important step to improving health of the community.

Like obesity, smoking and tobacco use is well-documented to be a risk factor for various forms of cancer, heart disease and other ailments, and pose serious health risks for those exposed to secondhand smoke. The increasing use of e-cigarettes and vapor products, particularly among young people, and the misinformation that they are a healthy alternative to regular cigarette smoking is of major concern.

### **2016-2018 IDENTIFIED PRIORITY NEEDS**

- 1. Obesity/Physical Inactivity
- 2. Mental Health
- 3. Access to Prenatal Care
- 4. Cancer
- 5. Heart Disease

# DEVELOPMENT OF A COMMUNITY HEALTH IMPROVEMENT PLAN

The SSM Health St. Mary's Hospital – Audrain in conjunction with the Audrain-Montgomery Community Health Assessment Partnership (AMCHAP) will work to develop a Community Health Improvement Plan to guide community benefit and population health improvement activities across Audrain and Montgomery counties. The plan will build upon existing hospital activities and collaborative partnership initiatives for community health improvement.

#### **BOARD APPROVAL AND DISSEMINATION**

The 2018 Audrain-Montgomery CHNA Executive Report was reviewed and approved by the SSM Health St. Mary's Hospital - Audrain Board of Directors on December 20, 2018. The final assessment report will be made available on the SSM Health website at <a href="mailto:ssmhealth.com">ssmhealth.com</a>. For more information regarding the Community Health Needs Assessment, contact the president of SSM Health St. Mary's Hospital – Audrain at (573) 582-5000.

# **APPENDICES**

# APPENDIX A Secondary Data

### **\*** Community Commons Health Indicator Report

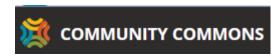
**2018 Central Missouri Community Assessment Partnership Health Indicators Report** 

#### \* exploreMOhealth.org

**ZIP Health - Compare County and ZIP Code Data** 

Missouri Department of Mental Health 2017 Status Report on Missouri's Substance use and Mental Health, Section E: Missouri Statewide, County, & Region Profiles <a href="https://dmh.mo.gov/ada/rpts/2017statusreport.html">https://dmh.mo.gov/ada/rpts/2017statusreport.html</a>

# APPENDIX B Health Indicator Listing



# **Community Health Needs Assessment (CHNA)**

#### **Indicator Data List**

<u>#</u>	Category	Indicator	<u>Data Source</u>	Source
				Geography
1	Demographics	Total Population	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
2	Demographics	Change in Total Population	US Census Bureau, Decennial Census. 2000 - 2010.	Tract
3	Demographics	Families with Children	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
4	Demographics	Female Population	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
5	Demographics	Male Population	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
6	Demographics	Median Age	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
7	Demographics	Population Under Age 18	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
8	Demographics	Population Age 0-4	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
9	Demographics	Population Age 5-17	US Census Bureau, American Community Survey. 2012-	Tract
10		D 11: 4 40.54	16.	<u>.</u>
10	Demographics	Population Age 18-64	US Census Bureau, American Community Survey. 2012-	Tract
11	Domographics	Population Age 18-24	16. US Census Bureau, American Community Survey. 2012-	Tract
11	Demographics	Population Age 16-24	16.	ITACL
12	Demographics	Population Age 25-34	US Census Bureau, American Community Survey. 2012-	Tract
12	Demograpmes	Topulation Age 23 34	16.	Trace
13	Demographics	Population Age 35-44	US Census Bureau, American Community Survey. 2012-	Tract
		0.00	16.	
14	Demographics	Population Age 45-54	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
15	Demographics	Population Age 55-64	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
16	Demographics	Population Age 65+	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
17	Demographics	Population with Any Disability	US Census Bureau, American Community Survey. 2012-	Tract
			16.	
18	Demographics	Population in Limited English	US Census Bureau, American Community Survey. 2012-	Tract
10	Danis annual :	Households	16.	Total
19	Demographics	Population with Limited English	US Census Bureau, American Community Survey. 2012-	Tract
20	Demographics	Proficiency Population Geographic Mobility	16. US Census Bureau, American Community Survey. 2012-	Tract
20	Demographics	Population deographic Mobility	16.	IIdCl
21	Demographics	Foreign-Born Population	US Census Bureau, American Community Survey. 2012-	Tract
	Demographics	1 or eight boilt i opulation	16.	Tract
22	Demographics	Hispanic Population	US Census Bureau, American Community Survey. 2012-	Tract
	g. «pσ	Spanner - paracion	16.	
23	Demographics	Urban and Rural Population	US Census Bureau, Decennial Census. 2010.	Tract
24	5 .	·	· ·	
24	Demographics	Veteran Population	US Census Bureau, American Community Survey. 2012-16.	Tract
			10.	

25	Social & Economic Factors	Children Eligible for Free/Reduced Price Lunch	National Center for Education Statistics, NCES - Common Core of Data. 2015-16.	Address
26	Social & Economic Factors	Food Insecurity Rate	Feeding America. 2014.	County
27	Social & Economic Factors	Head Start	US Department of Health & Human Services, Administration for Children and Families. 2018.	Point
28	Social & Economic Factors	High School Graduation Rate	US Department of Education, EDFacts. 2015-16.	School District
29	Social & Economic Factors	High School Graduation Rate (NCES)	National Center for Education Statistics, NCES - Common Core of Data. 2008-09.	County
30	Social & Economic Factors	Households with No Motor Vehicle	US Census Bureau, American Community Survey. 2012- 16.	Tract
31	Social & Economic Factors	Housing Cost Burden (30%)	US Census Bureau, American Community Survey. 2012- 16.	Tract
32	Social & Economic Factors	Income - Families Earning Over \$75,000	US Census Bureau, American Community Survey. 2012- 16.	Tract
33	Social & Economic Factors	Income - Inequality (GINI Index)	US Census Bureau, American Community Survey. 2012- 16.	Tract
34	Social & Economic Factors	Income - Median Family Income	US Census Bureau, American Community Survey. 2012- 16.	Tract
35	Social & Economic Factors	Income - Per Capita Income	US Census Bureau, American Community Survey. 2012- 16.	Tract
36	Social & Economic Factors	Income - Public Assistance Income	US Census Bureau, American Community Survey. 2012- 16.	Tract
37	Social & Economic Factors	Insurance - Population Receiving Medicaid	US Census Bureau, American Community Survey. 2012- 16.	Tract
38	Social & Economic Factors	Insurance - Uninsured Adults	US Census Bureau, Small Area Health Insurance Estimates. 2016.	County
39	Social & Economic Factors	Insurance - Uninsured Children	US Census Bureau, Small Area Health Insurance Estimates. 2016.	County
40	Social & Economic Factors	Insurance - Uninsured Population	US Census Bureau, American Community Survey. 2012- 16.	Tract
41	Social & Economic Factors	Lack of Social or Emotional Support	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County
42	Social & Economic Factors	Population Receiving SNAP Benefits (ACS)	US Census Bureau, American Community Survey. 2012- 16.	Tract
43	Social & Economic Factors	Population Receiving SNAP Benefits (SAIPE)	US Census Bureau, Small Area Income & Poverty Estimates. 2015.	County
44	Social & Economic Factors	Population with Associate's Level Degree or Higher	US Census Bureau, American Community Survey. 2012- 16.	Tract
45	Social & Economic Factors	Population with Bachelor's Degree or Higher	US Census Bureau, American Community Survey. 2012- 16.	Tract
46	Social & Economic Factors	Population with No High School Diploma	US Census Bureau, American Community Survey. 2012- 16.	Tract

47	Social & Economic Factors	Poverty - Children Below 100% FPL	US Census Bureau, American Community Survey. 2012- 16.	Tract
48	Social & Economic Factors	Poverty - Children Below 200% FPL	US Census Bureau, American Community Survey. 2012- 16.	Tract
49	Social & Economic Factors	Poverty - Population Below 100% FPL	US Census Bureau, American Community Survey. 2012- 16.	Tract
50	Social & Economic Factors	Poverty - Population Below 185% FPL	US Census Bureau, American Community Survey. 2012- 16.	Tract
51	Social & Economic Factors	Poverty - Population Below 200% FPL	US Census Bureau, American Community Survey. 2012- 16.	Tract
52	Social & Economic Factors	Poverty - Population Below 50% FPL	US Census Bureau, American Community Survey. 2012- 16.	Tract
53	Social & Economic Factors	Student Reading Proficiency (4th Grade)	US Department of Education, EDFacts. 2014-15.	School District
54	Social & Economic Factors	Teen Births	Centers for Disease Control and Prevention, National Vital Statistics System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County
55	Social & Economic Factors	Unemployment Rate	US Department of Labor, Bureau of Labor Statistics. 2018 - June.	County
56	Social & Economic Factors	Violent Crime	Federal Bureau of Investigation, FBI Uniform Crime Reports. 2012-14.	County
57	Physical Environment	Air Quality - Ozone	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.	Tract
58	Physical Environment	Air Quality - Particulate Matter 2.5	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.	Tract
59	Physical Environment	Climate & Health - Drought Severity	US Drought Monitor. 2012-14.	County
60	Physical Environment	Climate & Health - High Heat Index Days	National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS) . 2014.	County
61	Physical Environment	Food Access - Fast Food Restaurants	US Census Bureau, County Business Patterns. 2016.	ZCTA
62	Physical Environment	Food Access - Food Desert Census Tracts	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.	
63	Physical Environment	Food Access - Grocery Stores	US Census Bureau, County Business Patterns. 2016.	ZCTA
64	Physical Environment	Food Access - Low Food Access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.	Tract
65	Physical Environment	Food Access - Low Income & Low Food Access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.	Tract
66	Physical Environment	Food Access - Modified Retail Food Environment Index	Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011.	Tract
67	Physical Environment	Food Access - SNAP-Authorized Food Stores	US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. 2017.	Tract
68	Physical Environment	Food Access - WIC-Authorized Food Stores	US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011.	County
	I	1	1	1

69	Physical Environment	Housing - Assisted Housing	US Department of Housing and Urban Development. 2016.	County
70	Physical Environment	Housing - Housing Unit Age	US Census Bureau, American Community Survey. 2012- 16.	Tract
71	Physical Environment	Housing - LIHTC	US Department of Housing and Urban Development. 2014.	County
72	Physical Environment	Housing - Mortgage Lending	Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. 2014.	
73	Physical Environment	Housing - Overcrowded Housing	US Census Bureau, American Community Survey. 2012- 16.	Tract
74	Physical Environment	Housing - Substandard Housing	US Census Bureau, American Community Survey. 2012- 16.	Tract
75	Physical Environment	Housing - Vacancy Rate	US Census Bureau, American Community Survey. 2012- 16.	Tract
76	Physical Environment	Liquor Store Access	US Census Bureau, County Business Patterns. 2016.	ZCTA
77	Physical Environment	Recreation and Fitness Facility Access	US Census Bureau, County Business Patterns. 2016.	ZCTA
78	Physical Environment	Use of Public Transportation	US Census Bureau, American Community Survey. 2012- 16.	Tract
79	Clinical Care	Access to Dentists	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.	County
80	Clinical Care	Access to Mental Health Providers	University of Wisconsin Population Health Institute, County Health Rankings. 2018.	County
81	Clinical Care	Access to Primary Care	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.	County
82	Clinical Care	Cancer Screening - Mammogram	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.	County
83	Clinical Care	Cancer Screening - Pap Test	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County
84	Clinical Care	Cancer Screening - Sigmoidoscopy or Colonoscopy	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County
85	Clinical Care	Dental Care Utilization	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-10.	County
86	Clinical Care	Diabetes Management - Hemoglobin A1c Test	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.	County
87	Clinical Care	Facilities Designated as Health Professional Shortage Areas	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	Address
88	Clinical Care	Federally Qualified Health Centers	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018.	Address
89	Clinical Care	High Blood Pressure Management	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-10.	County
90	Clinical Care	HIV Screenings	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-12.	County

91	Clinical Care	Lack of a Consistent Source of	Centers for Disease Control and Prevention, Behavioral	County	
		Primary Care	Risk Factor Surveillance System. 2011-12.		
92	Clinical Care	Lack of Prenatal Care	Centers for Disease Control and Prevention, National	County	
			Vital Statistics System. Centers for Disease Control and		
			Prevention, Wide-Ranging Online Data for		
			Epidemiologic Research. 2007-10.		
93	Clinical Care	Pneumonia Vaccination	Centers for Disease Control and Prevention, Behavioral	County	
			Risk Factor Surveillance System. US Department of		
			Health & Human Services, Health Indicators		
			Warehouse. 2006-12.		
94	Clinical Care	Population Living in a Health	US Department of Health & Human Services, Health	HPSA	
		Professional Shortage Area	Resources and Services Administration, Health		
			Resources and Services Administration. April 2016.		
95	Clinical Care	Preventable Hospital Events	Dartmouth College Institute for Health Policy & Clinical	County	
		·	Practice, Dartmouth Atlas of Health Care. 2014.	,	
96	Clinical Care	Recent Primary Care Visit	Centers for Disease Control and Prevention, Behavioral		
		, , , , , , , , , , , , , , , , , , , ,	Risk Factor Surveillance System. 2015.		
97	Health Behaviors	Alcohol Consumption	Centers for Disease Control and Prevention, Behavioral	County	
			Risk Factor Surveillance System. US Department of		
			Health & Human Services, Health Indicators		
			Warehouse. 2006-12.		
98	Health Behaviors	Alcohol Expenditures	Nielsen, Nielsen SiteReports. 2014.	Tract	
99	Health Behaviors	Fruit/Vegetable Consumption	Centers for Disease Control and Prevention, Behavioral	County	
			Risk Factor Surveillance System. US Department of		
			Health & Human Services, Health Indicators		
			Warehouse. 2005-09.		
100	Health Behaviors	Fruit/Vegetable Expenditures	Nielsen, Nielsen SiteReports. 2014.	Tract	
101	Health Behaviors	Physical Inactivity	Centers for Disease Control and Prevention, National	County	
			Center for Chronic Disease Prevention and Health		
			Promotion. 2013.		
102	Health Behaviors	Soda Expenditures	Nielsen, Nielsen SiteReports. 2014.	Tract	
103	Health Behaviors	Tobacco Expenditures	Nielsen, Nielsen SiteReports. 2014.	Tract	
104	Health Behaviors	Tobacco Usage - Current Smokers	Centers for Disease Control and Prevention, Behavioral	County	
			Risk Factor Surveillance System. US Department of	'	
			Health & Human Services, Health Indicators		
			Warehouse, 2006-12.		
105	Health Behaviors	Tobacco Usage - Former or Current	Centers for Disease Control and Prevention, Behavioral	County	
_55		Smokers	Risk Factor Surveillance System. 2011-12.	Journey	
106	Health Behaviors	Tobacco Usage - Quit Attempt	Centers for Disease Control and Prevention, Behavioral	County	
			Risk Factor Surveillance System. 2011-12.		
107	Health Behaviors	Walking or Biking to Work	US Census Bureau, American Community Survey. 2012-	Tract	
			16.		
108	Health Outcomes	Asthma Prevalence	Centers for Disease Control and Prevention, Behavioral	County	
			Risk Factor Surveillance System. 2011-12.		
109	Health Outcomes	Cancer Incidence - Breast	State Cancer Profiles. 2010-14.	County	
				1	

110	Health Outcomes	Cancer Incidence - Cervical	State Cancer Profiles. 2009-13.	County
111	Health Outcomes	Cancer Incidence - Colon and Rectum	State Cancer Profiles. 2010-14.	County
112	Health Outcomes	Cancer Incidence - Lung	State Cancer Profiles. 2010-14.	County
113	Health Outcomes	Cancer Incidence - Prostate	State Cancer Profiles. 2010-14.	County
14	Health Outcomes	Depression (Medicare Population)	Centers for Medicare and Medicaid Services. 2015.	County
115	Health Outcomes	Diabetes (Adult)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.	County
116	Health Outcomes	Diabetes (Medicare Population)	Centers for Medicare and Medicaid Services. 2015.	County
117	Health Outcomes	Heart Disease (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-12.	County
118	Health Outcomes	Heart Disease (Medicare Population)	Centers for Medicare and Medicaid Services. 2015.	County
119	Health Outcomes	High Blood Pressure (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County
120	Health Outcomes	High Blood Pressure (Medicare Population)	Centers for Medicare and Medicaid Services. 2015.	County
21	Health Outcomes	High Cholesterol (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-12.	County
122	Health Outcomes	High Cholesterol (Medicare Population)	Centers for Medicare and Medicaid Services. 2015.	County
123	Health Outcomes	Infant Mortality	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10.	County
124	Health Outcomes	Low Birth Weight	Centers for Disease Control and Prevention, National Vital Statistics System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County
.25	Health Outcomes	Mortality - Cancer	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	County
.26	Health Outcomes	Mortality - Coronary Heart Disease	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	County
.27	Health Outcomes	Mortality - Drug Poisoning	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	County
128	Health Outcomes	Mortality - Heart Disease	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	County
.29	Health Outcomes	Mortality - Homicide	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	
130	Health Outcomes	Mortality - Lung Disease	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	County

131	Health Outcomes	Mortality - Motor Vehicle Crash	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	County	
132	Health Outcomes	Mortality - Pedestrian Motor Vehicle Crash	US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015.	County	
133	Health Outcomes	Mortality - Premature Death	University of Wisconsin Population Health Institute, County Health Rankings. 2014-16.	County	
134	Health Outcomes	Mortality - Stroke	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	County	
135	Health Outcomes	Mortality - Suicide	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.	County	
136	Health Outcomes	Mortality - Unintentional Injury	Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.		
137	Health Outcomes	Obesity	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.	County	
138	Health Outcomes	Overweight	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-12.	County	
139	Health Outcomes	Poor Dental Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-10.	County	
140	Health Outcomes	Poor General Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County	
141	Health Outcomes	STI - Chlamydia Incidence	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2014.	County	
142	Health Outcomes	STI - Gonorrhea Incidence	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2014.	County	
143	Health Outcomes	STI - HIV Prevalence	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2013.	County	

# APPENDIX C Community Perception Survey

# Audrain-Montgomery Community Health Assessment Partnership

2018 Community Health Needs Assessment Community Survey
To take the survey on-line, go to: <a href="https://www.surveymonkey.com/r/KGRRV9C">https://www.surveymonkey.com/r/KGRRV9C</a>

The purpose of this assessment project is to better understand the community health environment in Central Missouri, including the counties of Audrain and Montgomery. You are invited to participate in this survey because you are a member of this community! Please note: Your participation in this project is voluntary. You may choose not to participate. By completing this survey, you are agreeing to participate. If you decide to participate in this project, you may withdraw at any time. If you decide not to participate in this project or if you withdraw from participating at any time, you will not be penalized. Your responses will be confidential. If you complete the survey we will ask for your email address only to provide information. You may choose not to provide your email address without being penalized.

1	What are the greatest strengths of your community?	Please select three (3).
	☐ Access to health care	☐ Low crime and safe neighborhoods
	☐ Access to healthy food (fresh fruits, vegetables)	Low violence (domestic, elder, child)
	Access to mental health care	<ul> <li>Meets basic needs for everyone (food, shelter, clothing)</li> </ul>
	☐ Arts and cultural events	☐ Parks and green space
	☐ Clean and healthy environment	☐ Public transportation services
	Exercise facilities (fitness clubs, classes)	Respect for different cultures and races
	☐ Good schools	☐ Safe walking and biking routes
	☐ High quality childcare	☐ Working toward an end to homelessness
	☐ Jobs and a good economy	working toward an end to nomelessness
	Local 24-hour police, fire, and rescue services	
-	Other (please specify)	
2 1	M/bet would most improve the quality of life in your co	mmunity/2 Plance coloct three /2) areas where your
	What would most improve the quality of life in your community should focus.	minumity? Flease select three (5) areas where your
	☐ A cleaner and healthier environment	☐ More affordable housing
	☐ An end to homelessness	☐ More arts and cultural events
	☐ Basic needs for everyone (food, shelter, clothing)	☐ More exercise facilities
	☐ Better access to healthcare	☐ More high-quality childcare
	☐ Better access to healthy food	☐ More jobs and a healthier economy
	☐ Better access to mental health care	☐ More parks and green space
	☐ Better schools / education	☐ More public transportation services
	☐ Improved local 24-hr police, fire, and rescue	☐ More respect for different cultures and races
	services  Less violence (domestic, elder, child)	Reduction of Accidental injuries (falls, breaks, sprains)
	Lower crime and safer neighborhoods	☐ Safer walking and biking routes
		☐ Smoke free environment
-	Other (please specify)	
Ĺ		
	What are the most important issues in your community ould focus.	y? Please select three (3) areas where your community
	☐ Ability to pay for health care/lack of insurance	☐ Heart Disease
	☐ Access to exercise facilities	Homelessness
	☐ Accidental injuries (falls, breaks, sprains)	☐ Lack of physical activity

☐ Adult care services		☐ Lack of transporta	ation		
	Adult care services Affordable child care services		LGBT health services		
	Alcohol use		☐ Low birth weight babies		
☐ Alzheimer's Disease		☐ Mental health (an:			
☐ Asthma					
Basic needs (clothing, food, shelter)		☐ Not using a car se	☐ Not using a car seat / seat belt		
		_			
☐ Bullying		<ul><li>☐ Not using seatbelts</li><li>☐ Physical or sexual assault</li></ul>			
☐ Cancer		_	rassauit		
☐ Child abuse/neglect		☐ Poor nutrition	and a company for constant and		
<ul><li>Childhood obesity</li><li>Dental health (healthy teeth)</li></ul>		teens during non-	es, and support for youth and school hours		
☐ Diabetes		<ul><li>Programs, activity community</li></ul>	and support for the senior		
<ul> <li>Disabilities (physical, intellectual, senso developmental)</li> </ul>	ory,	☐ Regular checkups	3		
☐ Disease that is chronic (doesn't go awa	ay, such as	☐ Secondhand smo	ke exposure		
lung disease or arthritis)		☐ Sexually transmitt	red diseases		
<ul><li>☐ Distracted driving (texting/cell phone us</li><li>☐ Domestic abuse</li></ul>	se)	Suicide  Tobacco use (cigs	arettes, snuff, chewing tobacco,		
☐ Dropping out of school		e-cigarettes)	grettes, shan, thewing tobacco,		
☐ Drug use		☐ Too much screen	time		
☐ Elder abuse/neglect		☐ Unintended pregn	ancy		
☐ Homicide		Unsafe neighborh	oods		
☐ Impaired driving (drug/alcohol)					
Other (please specify)					
4. Where do you get most of your health info		heck all that apply)			
Church group	☐ Hospital		☐ Radio		
Doctor/health provider	☐ Internet		☐ School or college		
☐ Facebook or Twitter	∐ Library		□ TV		
☐ Family or friends	_	per or magazines	☐ Worksite		
Health Department		cial media	☐ YMCA		
Other (please specify)					
5. Do you use tobacco products?					
Yes					
□ No					
6. Which tobacco products do you use?					
☐ Cigarettes/Cigars/Pipe					
☐ E-cigarettes					
☐ Smokeless tobacco/chewing tobacco					
<ul> <li>Other (please specify)</li> <li>7. Do you want to quit using tobacco product</li> </ul>	ts?				
☐ Yes					
☐ No					
8. What would motivate you to quit?					

. Piea	ase select the top three (3) health challenges you ra	ce.	
	Alcohol overuse		Mental health issues
	Cancer		Overweight/obesity
	Diabetes		Physical disability
	Developmental disability		Pneumonia
	Drug addiction		Respiratory Problems
	Heart Disease		Stroke / Neurological
	High blood pressure/Hypertension		
	Joint pain or back pain		I do not have any health challenges
	Lack of exercise		and the same and t
	ou or someone in your family has a developmental omery County provides the services you need?	disa	ability (began before age 22) do you feel that Audrai
	] Yes		
	] No		
	Please specify need		
1. Ha	ave you visited a doctor (primary care) in the past 1	2 m	onths?
	Yes		
	] No		
	Other (please specify)		
	e recommendation for physical activity is 30 minutent you from getting this much physical activity? ( <u>Se</u>		day 5 days a week (2.5 hours per week). Which, if an all that apply.)
	Arthritis		Lung/breathing problems
	Back or neck pain		Walking problems
	Bone injury/fracture/joint injury		Nothing, I get this much physical activity
	Hypertension/High Blood Pressure		I dow't have to everein
	I am physically disabled		I don't have time to exercise
	Lack of Childcare	Ш	I don't like to exercise
3. WI	nere do you go most often when you are sick?		
	Free Clinic or FQHC		☐ Primary Care Doctor
	Health Department		☐ Urgent Care Center
	Hospital / Emergency Room		☐ Walk-in Clinic
	OB/GYN		
	Pharmacy		☐ I don't go anywhere
4. Wr	nere do you go when you need your yearly check-u	p or	physical? (check all that apply)
	Free Clinic or FQHC		☐ Primary Care Doctor
	Health Department		☐ Urgent Care Center
	Hospital / Emergency Room		☐ Walk-in Clinic
	OB/GYN		
	Pharmacy		☐ I don't go anywhere
1			
O+⊦	ner (please specify)		

15. Which of the following preventive procedures/care have you had in the past 12 months?

	Blood pressure check		Hearing screening			
	Blood sugar check		☐ Mammogram			
	Bone density test		☐ Pap smear			
	Cardiovascular screening		Physical exam			
	☐ Cholesterol screening		Prostate cancer screening			
	Colon cancer screening		Skin cancer screening			
	Dental cleaning/checkup		Vision screening			
	Depression screening		, and the second			
	Flu shot		None of above			
	7					
	ther (please specify)					
40.14			14			
16. W	/as there a time, in the past 12 months, where you no	eeae	d to see a doctor but didn't?			
L	」 Yes					
1	│ No 7. If yes, why didn't you see a doctor?					
	☐ Could not get an appointment		☐ Not comfortable with doctors			
	Couldn't afford it		□ Not sure how to find a doctor			
	☐ Lack of transportation		☐ Too busy to make appointment			
	□ No insurance		_ rec busy to make appointment			
	Other (please specify)					
18. W	hich of the following are the <u>top 5</u> things that impac	t ac	cess to health care in our community?			
	Hours of operation		Lack of senior services			
	Lack of affordable health insurance		Lack of mental health services			
	ack of support for special needs children		Lack of health professionals			
	Lack of coordination of care		Lack of specialists			
	Lack of dental health services		Lack of substance abuse support			
	Lack of exercise facilities		Lack of transportation			
	Lack of health care services		Long-wait times for appointments			
0	other (please specify)					
	(p.eace eposity)					
19. PI	ease select the option that best describes your hea	lth ir	surance provider.			
	Medicaid					
	Medicare					
	☐ Private Insurance					
	Self-Pay / Uninsured					
20 LI	•					
	ow old are you?					
21. W	hat is your gender?					
☐ Male						
☐ Female						
	Other (please specify)					

22. With which race do you most identify? (mark all that apply)
☐ African American/Black
☐ Asian
☐ American Indian
☐ White
☐ Native Hawaiian & Other Pacific Islander
☐ Alaskan Native
23. Are you Hispanic or Latino?
☐ Yes
$\square$ No
24. What is the country of your birth?
25. What is your highest level of education?
☐ Less than high school diploma
☐ High school diploma or GED
☐ Some college
☐ Associate's degree
☐ Bachelor's degree
☐ Graduate degree
26. Household income (yearly)
□       <\$12,140
☐ \$12,140-18,209
☐ \$18,210-24,279 —
☐ \$24,280-34,999 —
□ \$50,000-74,999 □
□ \$75,000-99,999
□ \$100,000-149,999
□ \$150,000+
27. How many people in the following age groups are supported by the household income from the previous question?
Children under 18
Adults age 18 to 64 Adults age 65 and older
Don't know or choose not to answer
28. What is your zip code?
29. What is your county of residence?
☐ Audrain
☐ Montgomery
Other (please specify)
30. Would you like to be contacted with updates about events? If so, please include your email address:

# APPENDIX D Community Representation

## COMMUNITY REPRESENTATION

The AMCHAP would like to thank all of the agencies and individuals who participated in this process and represented their communities. We appreciate their knowledge, collaboration, commitment and input into making our communities a great place to live, work and visit.

Tom Groves Linda Groves Penney Rutherford Dana Keller Kale Becker Barb Wilson Patty Meyers Leroy Webber Melanie Utterback Tracy R. Graham Alan Winders Grant Toellreu **Steve Hobbs** Russell Runge Josh Shellaberge Steven Olina Kristen Arnold

Melissa Buckman-Young

Janis Deimeke Mitchell Rentsoller Shana Bowen Samantha Wilson Tom Fischer Janice McIntosh Lori Brandow Kathy Kehl Chad Shoemaker Angela Bellamy Lennette Brown Kristen Fishback Brooke Jameson JoAnn Thomas Kim Korman

Brenda Hull **Emily Buck** Christina McCaw Jeff Anderson Angie Anderson Jennifer Pascoe Sonja Eldridge Kristina Fecht Zach Templeton

Kerri Ferrari

Terry Madrey

Jennifer Barnett

Travis Blechs Kayla Hildebrand Julie Stevenson Amv Auwarter Larry Nelson Jessica Nunan Kim Costely Ed Costely Donna Longstreet

Melissa Cahall Julie Brandenburg Robin Overkamp Courtney James Dana Keller Chad Schoemaker Lori Brandow Donna Jacobs **Emily Brandt** Lindsey Janes Erin Hadden Linda Harman Jeff Porter

Bethany Wilemon Kacey Kuda Casey Henry Melissa Blumer Jessica Catron Matt Schoo David Colbert Laura Yelton Bev Stafford Kenna Fricke Jill Myers Gary Eatherton Kim Clements Mary Ellen Shanks Brenda Ezell Sandra Hewlett Jenea Smith Heather Williams

# APPENDIX E Health Resource Listing

# HEALTH RESOURCE LISTING

The listing below represents resources or services mentioned frequently by input session participants. It is not represent a complete and comprehensive listing of resource, health and human services available in the area.

### **Behavioral Health**

Alcoholics Anonymous

Access Center

Audrain County Crisis Intervention Services

**Turning Point Recovery Center** 

## **County Health Department**

Audrain County Health Department Montgomery County Health Department

## **Federally Qualified Health Center**

Arthur Center Community Health

# Free/Sliding Scale Community Clinics or Health Services

Arthur Center Community Health

### **Hospitals & Medical Clinics**

SSM Health St. Mary's Hospital - Audrain

SSM Medical Group

### **On-Line Resource Directories**

http://www.211.org/

https://www.alz.org/help-support/resources

https://dmh.mo.gov/mentalillness/helpinfo/adminagents.html

http://www.mexicomissouri.net/31/Our-Community

http://resource.showmeaction.org

### **Social Services Agencies**

Angel Wings Clothing Closet

Audrain County Drug Court

Big Brothers/Big Sisters

**Bright Futures** 

**Buddy Pack Program** 

Career Center of Mexico

Central Missouri Community Action Organization

Community Garden Audrain County Health Department

Family Resource Center

Food Bank of Central & Northeast Missouri

**Head Start** 

Help Center

Melissa Blumer, LCSW, MSW – Counseling Services

Mexico-Audrain County Library

Mexico Early Childhood Center – Parents As Teachers

Mexico Farmers Market

Mexico Parks & Recreation

Mexico Senior Center

Williams Family Support Center

WIC Nutrition Program

YMCA – Mexico Area

Montgomery County Community Health Improvement Project Montgomery County Cares University of Missouri Extension Audrain County

# Transportation

OATS Transportation